2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

g. Dist. No. 332

1. PLACE OF DEATH.	2. USUAL RESIDENCE (I	HOME) OF DECEASE	D.	
Wicomico MARYLAND	Maryland		COUNTYicomico	
CITY (If outside corporate limits, write RURAL and OR give nearest town) UZTILICO (in chiar place)	OR Quantic	ate limits, write RURAI	L and give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Quantico	STREET ADDRESS Quanti	(If rural, give loc	eation)	
3. NAME OF (First) (Middle)	(Last)) 4. DATE (Mor	A) (D-) (2	
(Type or Print) Rosalie Taylar	Acworth	OF DEATH Apri	1 6	(ear) 1951
5. SEX Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify) 1. THE	uly 4,1885	9. AGE last hirthday of yrs.	If under 1 year If under 2 Months Days Hours	24 hr Min.
10a. USUAL OCCUPATION (Give kind of work done during most of region life, even if retired) 10b. Kind of Business or Industry Home	Maryland	r foreign country)	COUNTRY OF V	Унат
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME		
Orlando Tavor	Annie B. Pat			
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, nd. o unknown) (If yes, give wall o dates of None)	17. INFORMANT AND	ADDRESS		
18. MEDICAL CE	RTIFICATION ACI	worth, Sr.		_
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	***************************************		INTERVAL BET	WEEN
	- 1.		ONSET AND D	EATH
Immediate cause (a)Jaurolice I		••••••	2 min	M
55 Antecedent cause (s) Diseases or conditions, if any, (b) Can curving Bell	e Ducto Live	N	Ontwo	M
giving rise to the above cause stating the underlying cause last				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			1 20. AUTOPSY	
15 100 51 10000000000000000000000000000			V- D V	77
13 - Mer 51 Carcinova as alook.				
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR T	OWN) (CC	Ven NOUNTY) (STATE)	(7 (o 🗆
21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While				
21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work	HOW DID INJURY OC	CURT	OUNTY) (STATE)	0 0
21. A CCIDENT SUICIDE OF office bldg., etc.) PLACE (Home, farm, factory, street, OF office bldg., etc.) PLACE (Home, farm, factory, street, OF office bldg., etc.) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY PLACE (Home, farm, factory, street, OFFICE bldg., etc.) INJURY Not While at Not While work At work 22. I hereby certify that I attended the deceased from OFFICE bldg., etc.)	How DID INJURY OC.	cur?	OUNTY) (STATE) Last saw the decease	0
21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	How DID INJURY OC.	cur?	OUNTY) (STATE) Last saw the decease	sed :
21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Work At work 22. I hereby certify that I attended the deceased from 31 Deceased alive on 19.5, and that death occurred at 19.5, and that death occurr	HOW DID INJURY OC. 19.50, to 6 gg 2:00 A.m., from the	causes and on the	last saw the decease date stated above. DATE SIGN	sed sed
21. ACCIDENT SUICIDE OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 31. Deceased fro	HOW DID INJURY OC. 19.50, to 69 2:00 A.m., from the ADDRESS RY OR CREMATORY 1	cur?	iast saw the decease date stated above. DATE SIGN OF COUNTY (State)	sed

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2411 N. Charles Street, Baltimore

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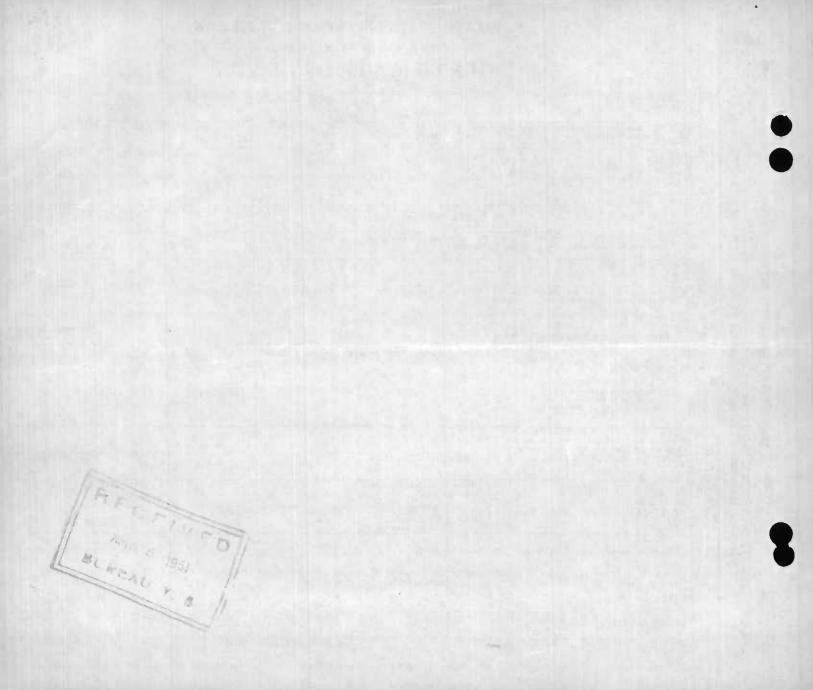
CERTIFICATE OF DEATH

Reg. Dist. No. 332

		E OF DEAT	Reg. Dia	et. No. JUK
1. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME) OF DECEASED.	TIME
COUNTY (Duamed	MARYLAND	mary mary		musta)
CITY (If outside corporate limits, write RURAL and	LENGTH OF STAY	CITY (If outside corpo	rate limits, write RURAL a	nd give nearest town)
OR give nearest town alesbury	(in this place)	OR TOWN	share	
HOSPITAL OR .	17	STREET	(If rural, give locati	on)
INSTITUTION OR STREET ADDRESS Peninsula Gen	eval Hospilal	ADDRESS		
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month	(Day) (Y
DECEASED (Type or Print)		tikerio	DEATH Capu	l 2 ;
5. SEX 6. COLOR OR RACE 7. SI	NGLE, MARRIED, DOWED, DIVORCED,	S. DATE OF BIRTH	9. AGE iast birtbday If	under 1 year If under
Female White (5	DOWED, DIVORCED, Specify)	4/1/57	VTII.	ontha Days Hours
10a. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF V
done during most of working life, even if retired) IND	USTRY	Yma.	and of	COUNTRY? 7
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
han h		er the mi	00000	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of		m. H.	Vian Oth	- R1 4
service)		· mount-	onece way	mo, vision,
	18. MEDICAL CE	ERTIFICATION		INTERVAL BET
I. DISEASES OR CONDITIONS DIRECTLY LEAD	ING TO DEATH			ONSET AND D
	n y	4		
Immediate cause (a)	Alete	chais		
7/20	0			
Antecedent cause(s)	for .			
Diseases or conditions, if any, (b)	120	and a	9 84 940 849 84 940 9 7 0 00 00 00 00 00 00 00 00 00 00 00 00	***************************************
giving rise to the above cause stating the underlying cause last				
(c)				
II. OTHER SIGNIFICANT CONDITIONS				1
Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDI	NGS OF OPERATION			20. AUTOPS
IJE. DATE OF OFBIENTS				
DI ACE (II		· CIMY OD	mount) (COU	Yes N
SUICIDE OF office	ome, farm, factory, street, e bidg., etc.)	(CITY OR	TOWN) (COU	NTY) (STATE)
HOMICIDE INJURY		<u> </u>		
	JRY OCCURRED e at Not White	HOW DID INJURY OF	CCUR?	
OF While INJURY m. Wor				
	///	, -, , , , ,	1	
22. I hereby certify that I attended the dec	eased from	, 195/, to 4/2	./ 19.5/ that I l	ast saw the decea
.11-		- 500		
alive on, 195_/_, and tha	it death occurred at	m., from the	causes and on the da	ite stated above.
SIGNATURE	(Degree or titie)	ADDRESS		DATE SIGN
71/m B 1 H	74 2	Selection	4. mol.	1/1/2/
Wold sun	m. J.	January	71	7/4/-
23. BURIAL, CREMATION DATE THEREOF	(A)	ERY OR CREMATORY	LOCATION (City, town, or	county) (Stat
CREMOVAL (Specify) 4/2/51	Jennande	K. Kerry of Souled	to Salalyun h	aneland
DATE REC'D BY LOCAL REGISTRAR'S SIGN	ATURE	24. FUNERAL DIRECT	OR	ADDRESS
REG. 49-5-1 Man 111.	Hot onal	7	1	
- 1 - 01 Many Mil	, occorrag			
200011054014				
SUTTE LO TON	- Carlos (1991)			

MARGIN RESERVED FOR BINDING

VS. A15



2411 N. Charles Street, Baltimore

GERTIFICAT	E OF DEATH Reg. Dist. N	io. 332
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	STATE COUNT	ry .
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	STATE Maryland. Wicon	2100
OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and g	ive nearest town)
TOWN Dalishury.	TOWN alisbury.	
HOSPITAL OR INSTITUTION OR O	STREET (If rural, give location)	
STREET ADDRESS / e ninsula General Hospital	ADDRESS 1-1+ zwater STREET	
3. NAME OF (First) / Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED / //	OF C	· / a -
	owden. DEATH apr	195/
6. COLOR OR RACE 7. SINGLE, MAR (FED.) WIDOWED, DOTORCED, (Specify)	64, 15- 1883 9. AGE last birthday If under Months	r 1 year If under 24 hr Days Hours Min
102 USUAL OCCUPATION (Give kind of work 10b. Kind of Business or Industry 10b. Kind of Business or Industry 10b. Kind of Business or		12. CITIZEN OF WHAT
The working the, even it restreams the said	Milletona Welana	County Y?
13 PATHER'S NAME	144. MOTHER'S MAIDEN NAME	
anul Bowden 11	Tulias (10. Puebeca	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INTORMANT AND ADDRESS	
(Yessen, or unknown) (If yes, give war or dates of	U12 1 3 12 - 0	1.
lservice)	- JAOMan 7. 12 Fundam	(con)
18. MEDICAL CE	RTIFICATIONS 11. S. Park Orine Lat	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	70	ONSET AND DEATE
n		
Immediate cause (a) Cormany / Mone	m	
Immediate cause (a) Coronary Phrone (A) Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chr. Cardiace		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
		V 5/ N . 5
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	Yes No C
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	7	
SIGNATURE (Degree or title)		DATE SIGNED
Helliam Dynas Mar.	falishing hid	4/9/51
BURIAL CREMATION DATE THEREOF NOTE OF CEMETE REMOVAL (Specify)	RY OR CREMATORY LOCATION City town, or coun	nty) State)
DATE REC'D BY LOCAL MEGISTRAR'S SIGNATURE	24-FUNERAL DIRECTOR	ADDERES
REG. // /	The state of the s	ADORESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

correct age

MARGIN RESERVED FOR BINDING

eg. Dist. No. 3.32

	ODK HIGH	E OF BEATH	Reg. Dist. No.
1. PLACE OF LEATH COUNTY COUNT	MARYLAND	2. USUAL RESIDENCE (HOME) OF	Macouri C
CITY (If outlide) corporate limits, waite I OR give n arest town	RURAL and LINGTH OF STAY	OR -	rite RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS PD. #	-1,0	STREET ADDRESS R W # "	ral, give ocation)
3. NAME OF DECEASED (First) (Type or Print)	Sorman Sorman	Britting and OFF DEAT	0.0
Male 6. CPLOPOR RAC	7. SINGLE, MARRIED) WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE land	hirthdar I f under I year Months Days Hours Min.
dos dering most of working life, even if reti	vork 10b. KIND OF JOSINESS OR red)	RD.#1. Paulous	Couples of WAT
Jenul Bu	ton Buttings	14. MOTHER'S MAIDEN NAME	Rolinde
15. WAS DECRASED EVER IN U.S. ARMED FO (Yes, no. of anknown) (If yes, give war or dervice)		INFORMANT AND ADDRESS	ratinglam (Nop)
I. DISEASES OR CONDITIONS DIRECT		110 m. laumin	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a	daranary &	celusion	2 hours
420. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	artens seler	ses - hyperteus	un 10 yrs
	e)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causing	not		
19a. DATE OF OPERATION 19b. MAJ			20. AUTOPSY?
SUICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hot OF	INJURY ar) INJURY OCCURRED While at Not While M. Work At work	HOW DID INJURY OCCUR!	
22. I hereby certify that I attended	10.16	1 19 rodate of de	that I last saw the deceased
alive on 4-19, 195	, and that death occurred at	2.30 qm., from the causes an	
GRATURE Leve	(Degree or time)	wellards m	DATE SIGNED
23 BURIAL CREMATION DATE THE REMOVAL (Specify)		CRY OR CREMATORY LOCATION	City, town, or county (State)
DATE REC'D BY LOCAL REGISTRA	R'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS

			addition	MADUT AND	CUM A PRITE	DED A DESCRIPTION	01
n	21	shown	on:	MAKILAND	STATE	DEPARTMENT	OI

HEALTH

2411 N. Charles Street, Baltimore

Medical 196 ERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
WARYLAND MARYLAND	STATE manifered COUNTY
CITY (If outside corporate limits, write RURAL and OR givo nearest town) OR Sivo nearest town) OR Sivo nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paragula Length (Longo)	STREET (If rural, give location)
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) Royald Bull	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Quil 7 1977
6. COLOR OR RACE J. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S DATE OF BIRTH 9. AGE last birthday If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of porking life, even if retired) INDUSTRIAL OCCUPATION (Give kind of work done during most of porking life, even if retired)	11, BIRTHPLACE (State or foreign country) 17 CITIZEN OF WHAT
13. FATHER'S NAME & Brittingham	14. MOTHER'S MAIDEN NAME
15. WAY DECRASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. (Yes, pr. or unknown) (If yes, give war or dates of lervice)	M Nelhus & Buttingam
18. MEDICAL CEI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
16.0 Immediate cause (a) Second and then	of degree burns I day
Antecedent cause(s)	ed 107 face, right
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	land extremitees
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE accident PLACE (Home, farm, factory, street, OF office bldg., etc.) home	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OCCURRED While at Not While INJURY At work	HOW DID INJURY OCCUR? explosion of gas heater (4/19/51 akc)
22. I hereby certify that I extended the deceased from OM	2 1/2
Allen and & 1951 and that death accurred at	200
SIGNATURIN (Degree or title)	ADDRESS Nigonus County DATE SIGNED
23. BURIAL CREMATION DATE THEREOF NAME OF CEMEREI REMOVAL (Specify)	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	21 FUNERAL DIRECTOR ADDRESS
REG. 4-9-51 Maryll Holloway	Arthury . Saluty Ma.
	NIME I LEVEL COLOR



1811

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

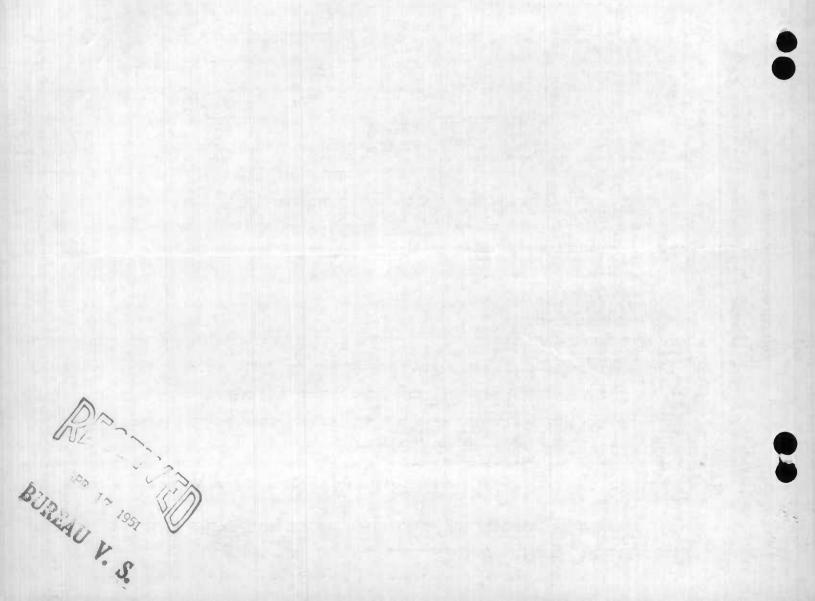
The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

CERTI	FICATE	OF DEAT	ΓH	Reg. Dist. N	10. 332
1. PLACE OF DEATH.	2. U	SUAL RESIDENCE	(HOME) OF DE	CEASED.	
	LAND	TATE Mari	1 land	COUNT	comico
CITY (If outside corporate limits, write RURAL and LENGT	H OF STAY	ITY (If outside corpo		RURAL and g	ive nearest town)
	min prace) II O	OWN So	0 0		
HOSPITAL OR	S	TREET		ve location)	
INSTITUTION OR STREET ADDRESS Jersey Road.	A	DDRESS		()	
3. NAME OF (First) (Middle)		(Last)	1 4. DATE	(Month)	(Day) (Year)
DECEASED (Type or Print) Edward	/	Brown 1	OF DEATH	11.	
5. SEX 6. COLOR OR RACE 7. SINGLE, MA	RRIED, 8. D	ATE OF BIRTH	9. AGE fast birt	hday If under	_ , 7 _ 10 _
male a WIDOWED, D		alforet 1891	about 60	yrs. Months	Days Hours Mir
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF]	BUSINESS OR 11. J	BIRTHPLACE (State	or foreign country) 1	2. CITIZEN OF WHA
done during most of working life, even if retired) INDUSTRY	to,	Charleston	0 -41	Caroly	COUNTRY? 7/. C
13. FATHER'S NAME	14.	MOTHER'S MAIDE		- dur	470
Tinknown		74	0	W	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC	URITY No. 17. J	INFORMANT AND			. 5
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Sec (Yes, no, or unknown) (II yes, give war or dates of learn no. 231-09.	- 2442, m	s. Madely	Whitter.	Jonan K	Ed. Salisbury R
	MEDICAL CERTIFIC		simular.	July !	e reacte way e
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO D		0		0	INTERVAL BETWEE
i. Diseases on combinions binescribi meabing to b	EATH O	1 11	60		ONSET AND DEATH
Immediate cause (a) (l)	155 clers	Tie Ne	art All	slaw.	5 ma.
1000 -	0	7			and the second of the second o
Antecedent cause(s) Diseases or conditions, if any. (b)	escoles	osen			Sudo 1.
On A giving rise to the above cause	400 5 - 0 70 + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	***************************************	9400 944 mpm g + mm cm' + 0 0 1 0 0 0 0 0 0 0 0 0 0 0	n B 90000 a Biochimpia (Alprino) (1.5.0.00 order	- July
stating the underlying cause last					1
11. OTHER SIGNIFICANT CONDITIONS					1
Conditions contributing to the death but not					
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OR	DED ATTOM				1 00 170000000
198. DATE OF OPERATION 138. MAJOR FINDINGS OF OR	ERATION				20. AUTOPSY?
AL ACCIDENTE (II		(OVERVI OR	PRO WITE EL		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, for SUICIDE OF office bldg., etc.)	actory, street,	(CITY OR	TOWN)	(COUNTY) (STATE)
HOMICIDE INJURY	1				
	While	W DID INJURY O	CCUR?		
INJURY m. Work A	t work 🗆				
On V house could that I attended the decound from	Jan 14 11	a (like	11/10/11		D
22. I hereby certify that I attended the deceased from	, 13	9J/., to	19.1.,	that I last s	saw the deceased
alive on	corred at 12	_ Q.m., from th	e causes and or	the date of	tated shove
SIGNATURE (Degree of	r title) AD	DRESS	1. /	- 3110 (1000 0)	DATE SIGNED
A MAN MONIA	N 80	2 W main	Salich	UDA	4/14/01
Thornes, II	().	1			11.113/
REMOVAL (Specify)	OF CEMETERY OF	RICKEMATORY	LOCATION (City		(State)
Kemowa (4-14-2)		(State anato	mical Bd	, Gallie, Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. 1	FUNERAL DIRECT	OR .	~ 1	ADDRESS



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

ODKI IFIONI	Reg. Dist.	. No. 2.2
1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	
(U)COMILCO MARYLAND	State Maryland Domeraet	NTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (1f outside corporate limits, write RURAL and	d give nearest town)
OR give nearest town Caluberry Tin this place)	TOWN Marion	
HOSPITAL OR	STREET (If rural, give location	n) /
INSTITUTION OR STREET ADDRESS Wright Nursey Home	ADDRESS	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) FREDERICK JAMES	BRUMLEY DEATH CIPIL	1 8 , 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If un	nder I year If under 24 br
male white WIDOWED, DIVORCED, (Specify) was a series	1810 81 yrs. Mon	the Days Hours Min
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) Torse Owner	Marskin Mauland	COUNTRY?
13. FATHER'S NAME /	14. MOTHER'S MAIDEN NAME (
Gemes Grunley	Etts Livereston	
15. WAS DECRASED EVERAN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (It/es, give war or dates of	William Brunley - Mar	in ma
service)		aux, 1/101.
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH-		ONSET AND DEATE
741/2 /000	mit Clardiae Fre	7
Immediate cause (a)	VIAI Calalate	acc,
543 X Antecedent cause(s)	,	
Diseases or conditions, if any, (b)		
giving rise to the above cause		
(c)		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
IN DAIL OF OURIEITOU		20. AUTOFST
CL ACCIDENT (C-16) DIACE (Handle for formation	(COLD)	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUN	TY) (STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
Out a	11.57 (164 M. C)	
22. I hereby eprify that I attended the deceased from falle	1.1., 190.1., to 77.09.1, 19.3.1., that I las	st saw the deceased
alive on Mang, 1957., and that death occurred at		a stated about
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
α	50 Collen an Valker	11/0/1-1
(silvease only	205 Welles 81 pm	D 04/7/3/
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or o	county) (State)
Prince of Cap. 11, 1951 St. Paul's	Cemetery Marion III	andline
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REG. 4-14-5-1 Mary 11. Halloway	Las a shale med Muneral Parley	· (inline

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

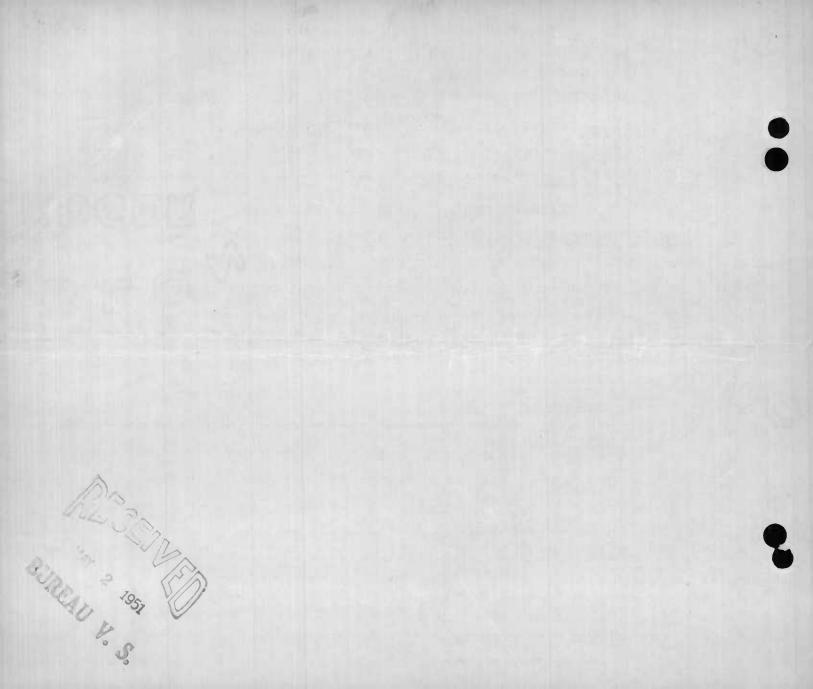
correct age



MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

CERTIFICA	ATE OF DEATH
FOR MEDI	CAL EXAMINERS Reg. Dist. No. 333
1. PLACE OF DEATH- COUNTY COUNTY AND	2. USUAL RESIDENCE HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF S' (In this place)	OR TOWN NYOMING ILL.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Remarks	STREET (If rural, (We location)
3. NAME OF DECEASED (First) Print) Frederick (Middle)	caldwell 4. DATE (Month) (Day) (Year) OF DEATH 27 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hr
done during most of working life, even if retired) 10b. KIND OF BUSINESS INDUSTRY	OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Surphis
15. WAS DECRASED EVEN IN U.S. ARMED FORCES? (Yes. no, or unknown) (If yes, give war or dates of service)	17. INFORMATION ADDRESS OF THE PROPERTY OF THE
18. MEDICA	AL CERTIFICATION
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
with the	time BID land.
Immediate cause (a)	Proposition of the basis
830, Antecedent cause(s)	
Diseases or conditions, if any, (b) giving rise to the above cause	PROPOSE - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1
stating the underlying cause last	
(e)	
OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	ch
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	ON Lea AUTO DOVE
THE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	ON 20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, s	treet, (CITY OR TOWN) (COUNTY) (STATE)
PRIMARY OR CONTRIBUTING OF office bldg., etch	ne year folishing weenes In.
CAUSE OF DEATH. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF LI 21 5/1230 While at Not while	Dung over for heldover.
22. I certify that I took charge of the remains described above, held	d an Autopsy , Inspection L, Inquiry thereon and from the evidence
from: natural causes], accident , suicide], homicide	d deceased died on the dry stated above, and death in my opinion resulted
SIGNATURE. (Degree or title)	ADDRESS DATE SIGNED
fold to the stand of the	De Auleston a Med 4/27/51
Johnaman my prepary me	1 / 1/2/1 / / / / / / / / / / / / / / /
M. BURIAL, CREMATION DATE THEREOF NAME OF CEN	METERY OR CREMATORY LOCATION (City, town, or county) (State)
Murral What OU WIR TH	low Commen rich
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 TUNERAL DIRECTOR ADDRESS
42851 Mary W. Holloway	The coway yell salestory me.



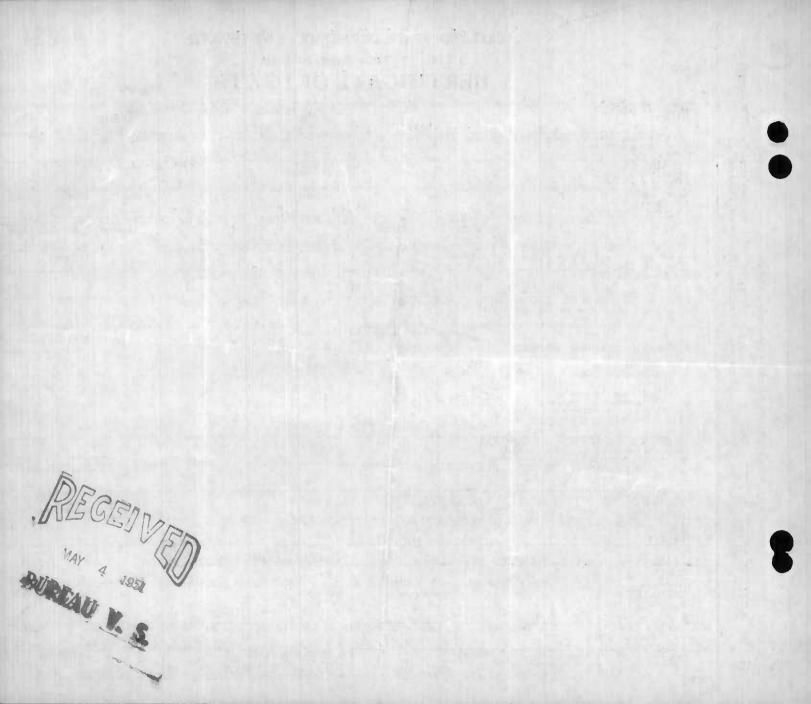
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.3.3.5

DV ACE OR DOLLEY	LO VIII DEGUNANCE CIONES OF STREET
1. PLACE OF DEATH- COUNTY,	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY
WICOMICO MARYLAND	mo Wicomies
OR give nearest town) CITY (If outside corporate limits, write RURAL and CENGTH OF STA	Y CITY (If outside corporate limits, write RURAL and give nearest town) OR
TOWN MARDELA 2247	TOWN MARPELA
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS NEAR ATHOL	NEAR Brhol
3. NAME OF (First) (Middle)	(Last) 14. DATE (Month) (Day) (Year)
(Type or Print) NANCY ELLEN	CALLOWAY DEATH 4 29 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 19. AGE last hirthday 1 If under 1 year 11 under 24 hrs
WIDOWED, DIVORCED, (Specify)	Aug 27, 1869 8 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS O	The Contract of It MALE
done during most of working life, even if retired) INDUSTRY	Country
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas TRUITT	UNKNOWN
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes. no. or unknown) i (If yes, give war or dates of	MRS MILTON HURRISCH
	CERTIFICATION
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Decket	Newson 2.7
Immediate cause (a)	The state of the s
RIX Antecedent cause(s)	Kemonhoge 2hr
Diseases or conditions, if any, (b)	som 6 years.
giving rise to the above cause stating the underlying cause last	
O See would the underlying eause last	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
22. I hereby certify that I attended the deceased from	, 19465, to of 2-8, 195/, that I last saw the deceased
al acc	1 4
alive on 18, 18, and that death occurred at	
SIGNATURE: (Degree or title)	ADDRESS DATE SIGNED
THE True blue and Mr. A	Sterling und Tlevin
DUDIAL CHOMATION I DATE THE DOOR IN THE OWNER OF THE OWNER	J/W/M/W
	TERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
BURIAL (Specify) 5/1/5/ MARD	SAA O MARDELA STRINGS, MA
	24 FUNERAL DIRECTOR ARDEAS ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

Item 18 on: 132 MAY 15 195 RYLAND STATE DEPARTMENT OF HEALTH

114225

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

I. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (H	HOME) OF DECEASE	COUNTY	
Wic	omico	MARYLAND	Maryland		Wid	comico
OR give nearest	prporate limits, write RUR town)	(In this place)	CITY (If outside corpora		L and give near	est town)
TOWN Salis	bury, Maryland	1	TOWN Salisbury			
HOSPITAL OR INSTITUTION OF	2		STREET ADDRESS	(If ru al give lo	ration)	
STREET ADDRES	s Peninsula Ge	eneral Hospital	I	R. F. D. #3		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (M	onth) (Day	y) (Year)
DECEASED (Type or Print)	Roland		Cline	OF DEATH	1./30	19 57
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday 46 yrs.	If under I year Months Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work	1 10h KIND OF BUSINESS OF	11. BIRTHPLACE (State o			ZEN OF WHAT
done during most of w	orking life, even if retired)	ant Chicken	Virginia		USA T	RY?
13. FATHER'S NAM	E	Jetto ontenen	14. MOTHER'S MAIDEN	NAME	1000	
Willis	am Cline	•	Ella Anni	5	,	
15. WAS DECRASED EV	ER IN U.S. ARMED FORCES	17 16. SOCIAL SECURITY NO.	17. INFORMANT			
(Yes, no or unknown)	(Il yes, give war or dates	of	0 17 071-	771	TT	
	(act vice)	18. MEDICAL CE	Cecil Cline	BLOXON,	VB	
I Diguiana an ac						ERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	Lobor P.	7	ONS	ET AND DEATH
1 / 2 a . Immediate	(0)	It upper	tooon In	enne	0 1	day
490 x Immediate	e cause (a)		,			
Anteceden		Autopsy negative	for wood alcohol	1 (5/15/51 a)	ke)	
	conditions, if any, (b) the above cause					ema do do de do-re-bridade viscos + de s = - 1
	nder ying cause last					
	(c)					
	CANT CONDITIONS ting to the death but not se or condition causing deat	none				
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION			20.	AUTOPSY?
none					Ye	No 🗆
21. EXTERNAL CAUPRIMARY OR CO	USE WAS INTRIBUTING OF		(CITY OR T	OWN) (O	COUNTY)	(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJULY OCCURRED	HOW DID INJURY OC	CUR?		
OF INJURY	nı,	While at Not while work at work	/_			
22. I certify that I	took charge of the rema	ains described above, held an A or Inquiry, find that soid dece	utopsy 🔂, Inspection 😓	, Inquiry 😰 there	eon and from	the evidence
from: notyral	a Autopsy, Inspection o	r Inquiry, fina that soid dece], suicide [], homicide [],	used area on the any state	a above, and death	in my opini	on resulted
SIGNATURE	causes [], occurring	(Degree or title)	ADDRESS		DA	TE SIGNED
PAR.	en make . "	Dep. Med.		vision Stre		
Juna		Eveniner	Salisbury	. Maryland		5/1/51
23. BURIAL, CREMA	ATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY I	OCATION (City, tow	n, or county)	(State)
BULLIA (Speci		First Met	hodist	Delmar, De	laware	
DATE REC'D BY I		SIGNATURE	24, FUNERAL DIRECTO			DRESS
REG. 5-2-3	51 Mary	W. Holloway	W. S. Man	V Cu- Le	elmar.	Lee 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	Maioo
Willowico MARYLAND	Maryland com wice	PICCO
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (Il outside corporate limits, write RURAL and give nearest	town)
OR givo nearest (rown) TOWN SAILS DUYY (in this place)	TOWN Parsonsburg.	
HOSPITAL OR	STREET (If rural, give location)	
INCOMPRESENTATION OF A	ADDRESS	
STREET ADDRESS PENINSULA GENERAL HOSpit		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
DECEASED (Type or Print)	COOPEY DEATH Quil 14	190
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If	under 24 hr
4.8 male. Wildowed, DIVORCED, (Specify)	4-13-5-1. Months Days H	ours Min.
10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		
done during most of working life, even if retired) INDUSTRY	Country?	4.S.
	maryland	4.51
13. FATHER'S NAME	14. MOTHER'S MAIDEN NOME	
William Willis Cooner.	Hilda mas stonerelay.	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	130th	
	· Jumes -	
18. MEDICAL CE		L BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		AND DEATH
0 1.	7	
Immediate cause (a) Cardiac	/aruce	
774 Antecedent cause(s) Diseases or conditions, if any, (b) Prema	~ '	
1/4 Antecedent cause(s)	Town X	
Diseases or conditions, if any, (b)		
159 stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 00 AVV	TOPSY?
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AU.	TUPSTI
	Yes [No A
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (ST	TATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	I HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m. Work At work		
	= 10.) The 4/10 10 That I had a now the	
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw the c	receased
alive on 4/14, 1957, and that death occurred at	9.30 9.m., from the causes and on the date stated abo	***
		SIGNED
SIGNATURE: (Degree or title)	ADDRESS ! DATE	SIGNED
MI 1995 Showsh MIV,	Datesbury, Ma. 4/14	157
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county)	(State)
REMOVAL (Specify)	A CALLETTON (City, town, or county)	(STREE)
14-14-5/ Miner	terment Hornal, salmen ma -	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDR	ESS
REG. 4-14-51 Mary W. Holloway	none.	
the state of the s		



2411 N. Charles Street, Baltimore

CEDTIFICATE OF DEATH

CERTIFICA	TE OF DEATH Reg. Dist. No.	054
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Somer set
WICETINGO MARYLAND	mary land.	Delile, act
CITY (If outside corporate limits, write RURAL and LENGTH OF STA		e nearest town)
OR give nearest town) (in this place)	TOWN PRINCESS ANNE	
HOSPITAL OR	STREET (If rural, give location)	
STREET ADDRESS Peningula General Hospita	ADDRESS Route #2.	/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print) PYTU 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	18. DATA OF BIRTH 19. AGE last birthday I I under 1	195
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		
done during most of working life even if retired) 10b. KIND OF BUSINESS OF HOUSE BU		CITIZEN OF WHAT
13. FATHER'S NAME Cecil Hoopper	14. MOTHER'S MAIDEN NAME Rench	ew
15. WAS DECRASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	a ama 2
18. MEDICAL	CERTIFICATION //	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Security Car	dis Vase Disease	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. My (s) summarish		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
		Yes II No K
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree OF office bldg., etc.) HOMICIDE INJURY	et, (CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-2	-, 19 5/, to 4 - 19, 19 5/, that I last sa	w the deceased
SIGNATURE (Degree or title) Sames M. Bisana M. D. /	ADDRESS ADD	DATE SIGNED 4-19-5)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



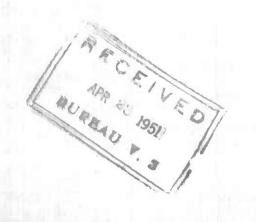
MARYLAND STATE DEPARTMENT OF HEALTH Sohler. - 114228 2411 N. Charles Street, Baltimore 9.45 A WI

CERTIFICATE OF DEATH

Reg. Dist. No. 332

Dalisbury mid

0	/		
The	1. PLACE OF DEATH - and in	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Y.T.
/	MARYLAND MARYLAND		
75	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give	ve nearest town)
23	TOWN Moralla refe	TOWN / Maracella Pro	
eg	HOSPITAL OR INSTITUTION OR	ADDRESS (Market Market	
G. C.	STREET ADDRESS Mordula -	ADDRESS merdella mis	
an	3. NAME OF (Middle)	(Last), , 4. DATE (Month)	(Day) (Year)
ati	(Type or Print) (harles ()	Mashiells DEATH 4	16 1951
rm	5. SEX 6. COLOR OR RACE 7. SHNOLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birtbday If under	I year If under 24 hrs.
ly every item of information carefully. the causes of death clearly and legibly.	6. COLOR OR RACE 7. SHNOLE, MARRIED, WIDOWED, DIVORCED, (Specify) THANKE	Nov 28, 1885. 65 yrs. Months	Days Hours Min.
ofi	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	COUNTRY?
de	done-during most of working life, even if refired) INDUSTRY None,	Mardella ma.	10.5,17
sol	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
y i	Lewis Alashelds.	Mariah Hull.	
au	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
ev le c	(Yes, no, or unknown) (If yes, give war or dates of 2/6-15-349.	I leddie hespielas.	
Supply write th	18. MEDICAL CE	ERTIFICATION	
it o	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
SIM	i. Diseases on compilions binesis administration to bearing	1. 1. 1. 1. 1.	11 . 10
NFADING INK. Physicians: please	Immediate cause (a) Corouary	artery ocolusion	4 weeks
INK. pleas	Americanic control		
B	1/20, Antecedent cause(s) Diseases or conditions, if any, (b) arferio	V alerosis	
NG Ins	giving rise to the above cause	0000 0 20 0 20 0 20 0 3 3 3 3 7 3 3 2 1 1 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1	., 100000000000000000000000000000000000
G:S	94a stating the underlying cause last		
UNFADING t. Physicians:	II. OTHER SIGNIFICANT CONDITIONS		1
FAG	Conditions contributing to the death but not		
5.3	related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
Han	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OTERATION		
Fig	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	Yes No Y
, WITH UN	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(OIII OIL IOWN) (OOUNII	(SIRIE)
ZZ	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
Z is	OF While at Not While INJURY m. Work At work		
PLAINLY s especially	22. I hereby certify that I attended the deceased from Mar.	015 - april 1	
S L	22. I hereby certify that I attended the deceased from	27, 193/, to 193/, that I last a	saw the deceased
	alive on april 14th, 195/, and that death occurred at.	9 454 m., from the causes and on the date st	etod abovo
F	SIGNATURE (Degree or title)	ADDRESS ADDRESS	DATE SIGNED
WRITE	SIGNATURE III	203 East Str. Delman, Del.	4-10-1
X	7/12		1 // 3/
E	24. DOTTO	ERY OR CREMATORY LOCATION (City, town, or coun	2. // //
ASS	Bless (Specify) 4 20 57 mordella		orylone,
PLEASE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
P	REG. 4-19-5-1 Mary W. Hollowall	/ Longer TH West. 1	0-0105



2411 N. Charies Street, Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. No.	. 332
1. PLACE OF DEATH COUNTY MARYLAND MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT CITY (If outside corporate limits, write RURAL and gi OR TOWN STREET ADDRESS (If rural, give location)	Wicemes
3. NAME OF DECEASED (Type or Print) Matalda (Middle) 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) MARKIED, WIDOWED, DIVORCED,	Man, 17, \$ 1 G 8 1 J 3 yrs. 1	(Day) (Year) 195/ 1 year If under 24 hr Days Hours Min 2. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service) 18. MEDICAL CE	Harrist Marsh 17. INFORMANT AND ADDRESS Mrs. Spurplen Messe	ck.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	SKIPICATION /	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause 331% Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	norshege	6 whs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Not Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1945 alive on 4-12-5/, 19, and that death occurred at (Degree or title)	. ^	tated above. DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.		ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING

The carrect age

2

2411 N. Charles Street, Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. No.	332
1. PLACE OF DEATH CLEANUSEO MARYLAND	2. USHAL RESIDENCE (HOME) OF DECEASED COUNTY	anne arun
OR give nearest town) Sales LLLY 3 (in this place)	CITY (If outside corponte limits, write RURAL and give OR TOWN Crownsville	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SELET'S Head State Flog.	ADDRESS Herseld Hards	2 /
3. NAME OF DECEASED (First) (Middle) (Type or Print) Richard 2.	Covered of DEATH Cyril	(Day) (Year) 6 1957
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 3-12-1877 9. AGE last birthdy II under Months yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY	Orginia Heldwille	COUNTRY? SO
13. FATHER'S NAME		ley.
15. WAS DECRASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (II yes, give war or dates of the control of the con	17. INFORMANT AND ADDRESS Hospital Reland	
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Careinoma	of lest parolid fand	~ 1/2 45
Antecedent cause(s) Discasse or conditions, if any, (b)		
550 giving rise to the above cause stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	aratitis	3 day
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY!
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work Atwork	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/15.	, 19.50., to 4/6, 19.5/, that I last s	aw the deceased
alive on Goul 6, 195/., and that death occurred at // SIGNATURE (Degree or title)	ADDRESS and on the date st	ated above. DATE SIGNED
axel a faar, m.s. Deer	Lead Hate Hop Salikury M	d 4/6/57
23 BURIAD CRÉMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) April 8-51	me Cens. White store	29
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24 FUNERAL DIRECTOR	ADDRESS

Walter & Joble

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



04231

CERTIFICATE OF DEATH

CITY (If outside corporate limits, write RURAL and give nearest town) TOWN yet we nearest, 100 102 102 HOSPITAL OR HOSPITAL OR HOSPITAL OR STREET ADDRESS 304 Maryland Avenue STREET ADDRESS 304 Maryland A			FUR MEDICAL	LEAAVIINERS	Reg. I	Jist. No. O.S.Z.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 304 Maryland Avenue (Midde) (Last) Days ADDRESS 304 Maryland Avenue ADDRESS 304 Maryland Avenue It all is to Days ADDRESS 304 Maryland Avenue It all is to Days ADRESS 304 Maryland Avenue It all is to Days It all is a Days It al	CITY (If outside co	omico orporate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corp	and orate limits, write RURAI	COUNTY Wicomico
3. NAME OF DECEASED (First) (Middle) (Last) 4. DATE (Month) (Day) (YE DECEASED (Type of Print) Esther Alliston Day's DEATH 4 12 12 12 12 12 12 12 12 12 12 12 12 12	HOSPITAL OR INSTITUTION OF		and Avenue	STREET	(If rural, give loc	
S. SEX Yemale White White Wilder Was ARRED. White White White Wilder Yes Months Days Months Day Months Days Months	DECEASED			(Last)	4. DATE (Mor	
10a. BUNDA OCCUPATION (Give kind of work of done during most of working life, even if retired) and one during most of working life, even if retired) and one during most of working life, even if retired) and one during most of working life, even if retired in Nouriers and Described above, and dead in my opinion results from: natural cause A accident success. Signature of the data based and that said deceased died on the dry stated obose, and dead in my opinion results from: natural causes A accident success. Signature and success and secretary of the dest based and that said deceased died on the dry stated obose, and dead in my opinion results from: natural causes A accident success. Signature and secretary of the dest based above, held an Aulopsy Inspection of Inquiry, find that said deceased died on the dry stated obose, and dead in my opinion results from: natural causes A accident success and secretary of camera. The success and secretary of the success and secretary of the success and secretary of the said deceased died on the dry stated obose, and death in my opinion results from: natural causes A accident I suicide I homicide I and success and secretary of the success and secretary of the said deceased died on the dry stated obose, and death in my opinion results from: natural causes A accident I suicide I homicide I and secretary of cause of the suicide I and secretary of cause of the success and secretary of the said deceased died on the dry stated obose, and death in my opinion results from: natural causes A accident I suicide I homicide I and secretary of causes A accident I suicide I homicide I and secretary of cause of the said deceased died on the dry stated obose, and death in my opinion results from: natural causes A accident I suicide I homicide I and secretary of cause of the said deceased died on the dry stated obose, and death in my opinion results from: natural causes A accident I suicide I homicide I and secretary of cause of the said deceased died on the said deceased died on the dry state	Female	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED,		9. AGE last birthday	If under I year If under 24 hr
UTIAN Chasm 15. Was Decrased Ever In U.S. Anneed Forces? (Yee, no, or Jurknown) [17 INFORMANT AND ADDRESS (Yee, no, or Jurknown) [17 yee, give war or dates of learning to Death 17 INFORMANT AND ADDRESS 18 MEDICAL CERTIFICATION 18	done during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT
Interval Berm Interval Ber	Uriah Ch	nasm .		Mary G.	Bowen	
Immediate cause (a) COPONSTY OCCLUSION Immediate cause (a) COPONSTY OCCLUSION Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidgs, etc.) TIME (Month) (Day) (Year) (Hour) OF office bidgs, etc.) TIME (Month) (Day) (Year) (Hour) Not while work at work and death in my opinion resulted from: natural causes 2, accident , suicide , undetermined . SIGNATURE BERMAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Deput y Medical Examiner: Balisbury Meryland 4/14/5. BERNAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	(Yes. no, or unknown)	(If yes, give war or dates of	16. SOCIAL SECURITY NO.			Md.
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF office bldg., etc.) INJURY CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I certify that I took charge of the remains described above, held an Autopsy Inspection Injury of the eviden obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated obove, and death in my opinion resulte from: natural couses Indicated of the country of the country of the said of the state of the country of the c	Immediate	cause (a)		clusion		INTERVAL BETWEE ONSET AND DEATH
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY! Yes No 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) OF office bldg., etc.) OF office bldg., etc.) INJURY OCCURRED OF DEATH. INJURY OCCURRED OF INJURY OF INJU	Diseases or e giving rise to stating the unit. OTHER SIGNIFIC	onditions, if any, (b) the above cause nderlying cause last (c) CANT CONDITIONS				
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22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , thereon and from the eviden obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated obove, and death in my opinion resulte from: natural couses , accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) Deputy Medical Examiner: Salisbury, Maryland 4/14/5: BURIAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	PRIMARY OR CO CAUSE OF DEATH	NTRIBUTING OF INJU	office bldg., etc.)			OUNTY) (STATE)
obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated obone, and death in my opinion resulte from: natural couses A, accident A, suicide A, homicide Andrews SIGNATURE (Degree or title) ADDRESS DATE SIGNE Deputy Medical Examiner: Salisbury, Maryland 4/14/5: BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	TIME (Month) OF INJURY		While at Not while	HOW DID INJURY C	CCUR?	
REMOVAL (Specify)	from: naturol SIGNATURE	Autopsy, Inspection of couses A accident	Inquiry, find that said dece, suicide, homicide, (Degree or title)	ased died on the day sta undetermined ADDRESS	N. Division	in my opinion resulted DATE SIGNED and 4/14/51
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	REMOVAL (Speci	(y) 4/75/5	Tuenanda	Cometenir	Berlin -	Winnestenura

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS. ALLA



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

2411 N. Charles Street, Daitimore

CERTIFICATE OF DEATH

eg. Dist. No. 332

	A A A A A A A A A A A A A A A A A A A	
1. PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	ril
CITY (If out de conforme fidits, write RURAL and CITY (In this place) TOWN CITY (If out de conforme fidits, write RURAL and CITY (In this place)	CITY (Il out the corporate Units, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR PD # 4.	STREET ADDRESS POHOT piral, give location)	
3. NAME OF DECEASED (Middle) (Middle) (Type or Print) Michael Maurice	(Last) OF DEATH (Month)	(Day) (Year) 27-5/
5. ATX 6. COLONOR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify)	Yas. Months	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done durile Boat of working life, even il retired) 10b. Kind of Business of Industries	11. BIRTHPLACE (State or foreign country)	COUTEY?
Maurice Raymond Dais	Manan Juitt	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no. 2 unknown) (If yes, give war or dates of service)	Maurice & Days fall	(m)
18. MEDICAL CE	RTIFICATION RUHY Saluty Mile	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	ougustal Pent disease	INTERVAL BETWEEN ONSET AND DEATE
7/9/		4 000 007 0 0 007 000 1111 1111 1111 111
Antecedent cause(s) Diseases or conditions, if any, (b)	land y cabella.	
giving rise to the above cause stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4 - 3	, 19.51, to 4/27, 19.51, that I last sa	aw the deceased
alive on 4/27, 19.5), and that death occurred at	ADDRESS and on the date sta	ated above. DATE SIGNED
Robert in The allester MD	302 N. Dirisem St Solokung	4-28-51
REMOVAL (Specify) upin 29-51 11. Hims	RY OR CREMATORY LOCATION (Circlewith, Lount)	y) Ma (tate)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 4-28-57 Mary W Hollsway	FUNERAL DIRECTOR L. Sality	ADDRES

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

04233

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY WOYCESTET.
Webnico MARYLAND	maryland.
OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN SALISDURY TOWN	TOWN SNOW HILL ROUTE # 2.
HOSPITAL OR	STREET (If rural, give location)
STREET ADDRESS / Eningula GENERAL HOSpita	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) MY Jegge. Teter) Die	Kerson DEATH April 29 1951
5. SEX .) 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs.
Male White WIDOWED, DITORCED, (Specify Water William)	May 14-1867 3-11-15 yrs. Months Days Hours Min.
100 IISIIAI DCCIIDATION (Give kind of work 10h. KIND OF RUSINESS OF	11. PRTHPLACE State or foreign country) 12. CITIZEN OF WHAT
dome abrid most of orting life, even if retired) INDUSTRY Trans	Snow Will. ma COUNTRY?
13. FATHER'S NAME	14! MOTHER'S MAIDEN NAME
John J. Dicherson	Mary Jane Triggs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT) AND ADDRESS
(Yes, nor or unicovn) (If yes, give war or dates of service)	Myllelow le Vicherson Snow Hell met
18. MEDICAL CEI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
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Immediate cause (a) andis rase	war alsease
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	uduply Phis Late.
atsung the underlying cause rast	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	! (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office hldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m, Work At work	
22. I hereby certify that I attended the deceased from 4-19	, 19.3, to
alive on 4 -28 , 1957, and that death occurred at 3	1' 5'D D to the course and an about the same
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
SIGNATOR A	1.11 0.1 1.00 5.1
Tund of these	falisher My 4-27-31
23. DETNAL CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City/town, recounty) (State)
May 15 Bates Mil	Undlist Smoullille ma
DATE REC'D BY LOCAL FAGUERAR'S SIGNATURE	24 FUMERAL DIRECTOR ADDRESS
REG. 5-1-5/ Mary W. Hollonay	Helleyo. James Snow Hill mid



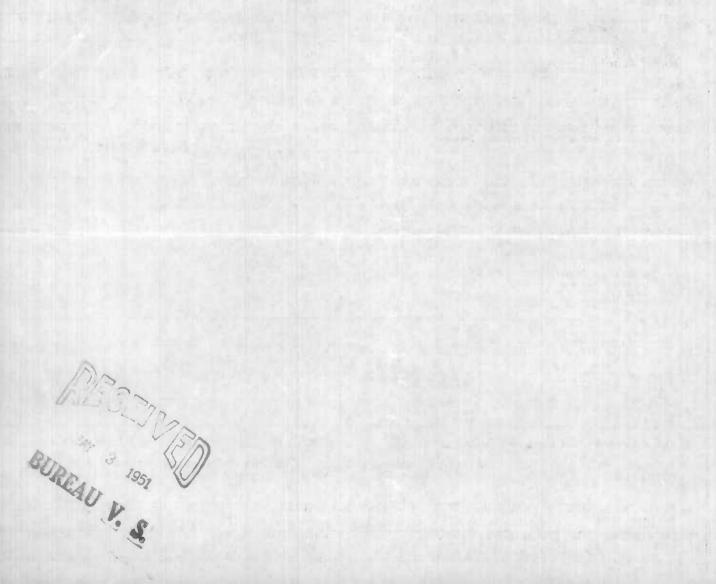
2411 N. Charles Street, Baitimore

114234

CERTIFICA	IE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DEC	CEASED.
COUNTY -	STATE	COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write	BIRAL and discount town
OR give nearest town (in this place)	OR	2nd
HOSPITAL OR INSTITUTION OR The French Musey Ho	STREET (If rural, ADDRESS	give location)
3. NAME OF DECEASED (First) Middle) (Type or Print)	(Last) 4. DATE OF DEATH	(Month) (Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last bird	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) INDUSTRY	11) BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Kurrell	Elyalette Cours	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	0
(Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Idelin Worrell	Berlin med
	ERTIFICATION	
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 A 1 0 0 P	ONSET AND DEATH
on on	listroned of otmesson	- 2 dam'
Immediate cause (a)	La Breet Paleling France	A
KON Antecedent cause(s)	2 de la constante de la consta	
Diseases or conditions, if any, (b)	re pauxons.	## + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 +
giving rise to the above cause 2	1 2 66 B	2
(c)	wome systemles	1343
II. OTHER SIGNIFICANT CONDITIONS		10
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
Ida. DAID OF OLDINATION I I I I I I I I I I I I I I I I I I		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work	now bib indexi decem.	
22. I hereby certify that I attended the deceased from Asia	, 1960, to 1/4:30, 1951,	that I last saw the deceased
alive on 1927, 1927, and that death occurred at SIGNATURE. (Degree or title)	ADDRESS from the causes and o	n the date stated above. DATE SIGNED
Attorne ma	Delma	and 4:30-51
REMOVAL (Specify) May 2.1951 Buch	ingham. Bul	y, town, or county) (State)
DATE REC'D BY LOCAL I REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sorrect age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg.	Dist. No.
1. PLACE OF DEATH- COUNTY STATE STATE	COUNTY
MARILAND MARILAND	COUNTY
CITY (If outside corporate limits, write RURAL and OR gir Charlest town) TOWN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside corporate limits, write RURAL and OR TOWN CE AN CITY (If outside c	L and give nearest town)
TOWN Salls Dury Town ocean City	
HOSPITAL OR INSTITUTION OR STREET ADDRESS PENNISU & GENERAL STREET ADDRESS PENNISU & GENERAL STREET ADDRESS	cation)
3. NAME OF (First) (Middle) (Last) 4. DATE (Mo	onth) (Day) (Year)
(Type or Print) Annabelle Puheart DEATH 4	25 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday	If under 1 year If under 24 hr
Female Colored WIDOWED DIVORCED 5/3/1960 50 yrs.	Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
House working the even if retired) Indiana Atlanta Ga. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	TTTA.
14. MOTHER'S MAIDEN NAME	1
Edward J. Adame Suvillar Mashac	K
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, give war or dates of	
no service no 213-18-7/82 GERAVA Wiggins	
18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Ucute Vasterealitie	26
Immediate cause (a) Could National Court	Larys
Antecedent cause(s)	
Diseases or conditions, if any, (b)	000 000 000 000 000 000 000 000 000 00
giving rise to the above cause stating the underlying cause last	
(c) (7)	a phone
II. OTHER SIGNIFICANT CONDITIONS	h
Conditions contributing to the death but not related to the disease or condition causing death.	Varkenours
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes I No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (C	OUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF While at Not While	
OF While at Not While INJURY m. Work At work	
Upil 2# 51 h: 125 5-1	
22. I hereby certify that I attended the deceased from 25, 1957, topoil 25, 195/, that	I last saw the deceased
alive on 1957, and that death occurred at 7140 mm, from the causes and on the	data stated shove
SIGNATURE: (Degree or title) ADDRESS	DATE SIGNED
III. I Wall to the stand	11:100 100
AVA. W. K. V. A. A. M. III LABOR BARAL BARAL C.	
Maria J. Jeliure M. D. Salesbury Ma.	Jone 28, 170,
23. BUBIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town READVALI (Specify)	for county) (State)
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town Beloval Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 22. FUNERAL DIRECTOR	for county) (State) Mary and All Dress

WRIPE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE VS. A15

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BUREAU V. S.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

g. Dist. No. 332

YA		ODMINIONI	DOF DEAT	Reg. Dist.	No.
1	1. PLACE OF DEATH. COUNTY WICOMIECO	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	NTY 4 C
fully.	CITY (If outside corporate limits, write RUR. OR give nearest town)	AL and LENGTH OF STAY (in this place)	CITY (If outside corpor OR TOWN	e limits, write RURAL and	give nearest town)
every item of information carefully e causes of death clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS	General Mospital	STREET ADDRESS Pt. 1	Grural, give location)
nation rly an	3. NAME OF DECEASED (First) (First)	Anthony	Tisher.	4. DATE (Month) OF DEATH	(Day) (Year) 27 195/
inform h clea	Male Color of RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 4/26/5/	9. AGE last birthday If un	der I year If under 24 hrs.
m of i	10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired)	10b. KIND OF BUSICESS OR INDUSTRY	Mary la	or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.SA
ry ite	Larl Games Fix	sher	Maria ST	eshina Stew	osits,
74	15. Was DECRASED WER IN U.S. ARMED FORCES (Yes, no, or unknown) (II yes, give war or dates of service)		17 Wa Carl	ADDRESS /	
Supply write	I. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
INK.	7630 Immediate cause (a)	Septice Min			?
IG IN	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	BRONG ho pi	Nue Modila		24 hrs.
UNFADING t. Physicians:	stating the underlying cause last (c)	MATERNAL	AMNiotic	Infection	48 hss
UNE	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	h.			
WITH 1 mportant	19a. DATE OF OPERATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY? Yes PP No []
, WI impo	SUICIDE OF INJU	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR	rown) (coun'	TY) (STATE)
PLAINLY, WITH U	TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
PLA]	22. I hereby certify that I attended the	e deceased from 4/× 6	, 19 1, to 4/2	7, 1947., that I las	t saw the deceased
ITE	alive on 4/1/2, an SIGNATURE	d that death occurred at (Degree or title)	ADDRESS from the	causes and on the date	stated above. DATE SIGNED
PLEASE WRITE	OSTONE Cleris Leuse 23. BURIAL CREMATION DATE THERE	MANAGE CENTER	Salis Lury RY OR CREMATORY 11	Def.	4/28/1-
EASE	REGIOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S	allen Ceme	Ley 1 24. FUNERAL DIBECTO	allen Ma	ryland
PL	REGY -24-5-1 MARTAI	111. Hollomy	JK KILL HA	Susan Go &	ADDRESS MA

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BUREAU V. S.

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2411 N. Charles Street, Baltimore

CEDTIFICATE OF DEATH

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CERTIFICAT	E OF DEATH	Reg. Dist. No. 332
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DE	CEASED. COUNTY WICOMULD
COUNTY MARYLAND CITY (It outside corporate limits, write RURAL and LLENGTH OF STAY)	maryland.	COUNTY COCCO
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR glvo nearest town) TOWN (in this place)	CITY (If outside corporate limits, write OR TOWN	RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR 2	STREET (Fural,	give location)
STREET ADDRESS Temmoula Jeneral Stoomla	364 norch	Blod.
3. NAME OF (First) (Middle) (DECEASED (Type or Print)	Holdman . DATE OF DEATH	(Month) (Day) (Year) April 23 195
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last bir	thday If under 1 year If under 24 hr Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work of the done during most of working life, even if retired) INDUSTRY	1. BIRTHPLACE (State or foreign country	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Samuel martin Goldman.	Charlotte man	to
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cranio orachnoschi	vs·	-60000000000000000000000000000000000000
Antecedent cause(s) Diseases or conditions, if any, (b) Con getaital polycy	the hidneys.	
157 for giving rise to the above cause stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ctral.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🔯 No 🗆
21. ACCIDENT (Specify) PLACE (Home, Iarm, Iactory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Not While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4.23.	51, 19 to 4.23.51 , 19,	that I last saw the deceased
alive on 4.23.57, 19, and that death occurred at ?	ADDRESS and o	n the date stated above. DATE SIGNED
Stedman W. Sintl M.D. C.M.	Salisbury, md	4.23.31
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 4 4 2 4 5 1	11 111 14 0 0 0	y, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. L/ Q U . 47 Manual Manua	24. FUNERAL DIRECTOR	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



2411 N. Charles Street, Baltimore

	CERTIFICAT	TE OF DEATH	Reg. Dist.	No. 332
1. PLACE OF DEATH.	MARKET AND	2. USUAL RESIDENCE (HO	COTTA	NTY . C C
CITY (If outside corporate limits, write RU OR give nearest town)	MARYLAND RAL and LENGTH OF STAY (in this place)	CITY (If outside corporate OR TOWN	limits, write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	la General Hosp	STREET	(If rural, give location)	R. F. D. L
3. NAME OF (First) . DECEASED (Type or Print)	Gloria Y	(Last)	4. DATE (Month), OF DEATH CLOSE	(Day) (Year)
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9.		hs Days Hours Mir
10s. USUAL OCCUPATION (Give kind of wordone during most of working life term if retired	10h. KIND OF BUSINESS OR INDUSTRY		renty, va	COUNTRY OF WHAT
13. FATHER'S NAME	inman	14. MOTHER'S MAIDEN N	Harm	
15. WAS DECRASED EVER IN U.S. ARMED FORCE (Yes no, or unknown) (If yes, give war or date service)	s of		mman - R. 3	7. D. New Churc
I. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CE Y LEADING TO DEATH	ERTIFICATION		INTERVAL BETWEE ONSET AND DEAT
/// Immediate cause (a)	mouny	estis	***************************************	about 10
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Sichemicka	sis (milia	7)	Cashensh
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de	ath.			
19a. DATE OF OPERATION 19h. MAJOR				20. AUTOPSY?
				Yes No [
SUICIDE	JURY	6 9 9 8 8		TY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCU	JR?	
22. I hereby certify that I attended t				
alive on	and that death occurred at (Degree or title)	ADDRESS from the ca	auses and on the date	stated above. DATE SIGNED
Tolesay Fredler	- Lacas 300 n 1	Devision Dt	Docloston	Dece 14/19.5
23. BURIAL CREMATION DATE THER REMODAL (Specific)	EOF NAME OF CEMETA	ERY OR CREMATORY LO	CATION (City, town, or be	ounty) (State)
DATE REC'D BY LOCAL REGISTRAR'	SSIGNATURE	24. FUNERAL DIRECTOR		ADDRESS

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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PLEASE VS. A15

BUREAU V. S.

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dlst. No. 332

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	v
MARYLAND	Way and Wie	muso
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	CITY (If outside co porate limits, write RURAL and gi	ve nearest town)
TOWN SECTION	TOWN HOUSE	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 607 Chestrut	ADDRESS Walnut St.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Annie Washington	loward DEATH 4	18 195
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH 9. AGE last birthday II under Months Worths	
0a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		2. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Mardela Maryland	COUNTRY?
3. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	V 3
Asbury Howard	margaret Ellencordrey	
5. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(es, no, or unknown) (If yes, give war or dates of service)	Mexicent Wilkinson, Heb	row, Md.
18. MEDICAL CI	ERTIFICATION	INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Danne	Come	2.14/m -
Immediate cause (a)	- 077	
Antecedent cause(s) Diseases or conditions, if any, (b).	uplanes	124
giving rise to the above cause stating the underlying cause last	/ /	
So Paliny 1	clipan	b'la'
I. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
1. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office hidg., etc.) INJURY	(CITY OR TOWN) (COUNTY	Yes No (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
A //	10.0	
22. I hereby certify that I attended the deceased from hereby. L	19.57, to 1732 / 5, 19.6 that I last	saw the deceased
1// 10	100	
alive on 1942, and that death occurred at A	ADDRESS	DATE SIGNED
SIGNATURE		DATE SIGNED
11 / by new	/defmax /del	4-2037
BURIAL CREMATION DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or cour	(State)
REMOVAL (Specify) 4-21-51 Mardela	- Mardela Springs	ma.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 4-20-5) (Mary W Holloway	(1) Messiel Diright	e. Wid.

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BUREAU V. S.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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OBKTITION	Reg. Dist. No	0
I. PLACE OF DEATH- COUNTY COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY)	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT CITY (If outside corporate limits, write RURAL and gi	mome
OR give nearest town) Cittaille 3 (in this place)	TOWN Puttrille	ve hearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9, 79, ave.	STREET ADDRESS R. R. (If rural, give location)	
3. NAME OF DECEASED (First) Windele) Hoy-	le (Last) 4. DATE (Month) OF DEATTIFIEL	(Day) (Year) 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	11 6 /7 /0 3/ / yrs. 3-	1 year If under 24 hrs. Days Hours Min.
dene during most of working life, even if retired INDUSTRY	11. BIRTHPLACE (State or foreign country)	COUNTRY?
13. FATHER'S NAME unknown	14. MOTHER'S MAIDEN NAME Bell	- vanace
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of service) 2/3-16763	17. INFORMANT Sarah Hog	le
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Charmic units	ecartitis	2×3 yrs
Authorized the state of the above cause Authorized the state of the s	N.	-
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	mlh.us))
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	Yes No Z
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 19.4%	, 19 to Lay J. Se Th., that I last s	aw the deceased
alive on	ADDRESS from the causes and on the date st	ated above. DATE SIGNED
DEMOVAL (Specify)	Certify Location (City, town, or count	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	24. FUNERAL DIRECTOR	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

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BURGAN V. S.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

No. 3.32

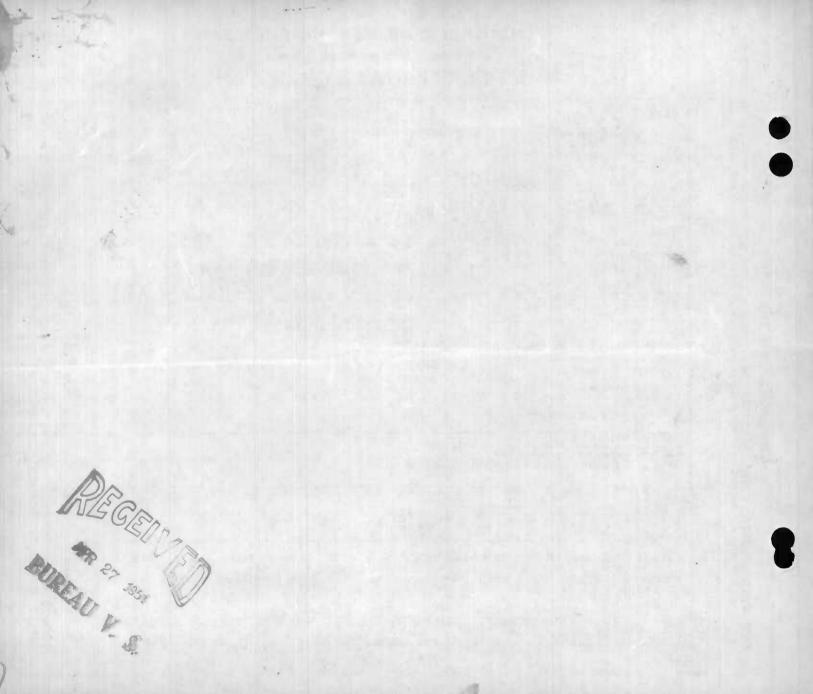
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	CERTIFICAT	E OF DEA	III	Reg. Dist. No	0.0.22
1. PLACE OF DEATH. COUNTY WASHINGS	MARYLAND	2. USUAL RESIDENCE		EASED. COUNTY	Mill
CITY (If outside corporate lights, write RURA OR give near town) TOWN	L and LENGTH OF STAY (in This place)	CITY (If outside cor OR	porate imite, write I	RURAL and giv	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1403 7. M	livision St.	STREET ADDRESS		rive location)	in St.
3. NAME OR DECEASED (Type or Print)	REC Mond	INGERSOLL	4. DATE OF DEATH	(Month)	(Day) (Year)
male 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	JULY 15, 189	9. AGE last birt	hday If under Months	
10s. USUAL OCCUPATION (Give kind of work done durity most of yorking life, even If retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. PIRTHPLACE (Sta	te or foreign country)	12	CITIZEN OF WHAT
13. FATAER'S NAME G. Ingist	U a	14. MOTHER'S MAID	the Er	nios	in
15. W DECEASED EVER IN U.S. AFTED FORCES? (Yes, in op unknown) (If yes, rivers or dates of service)	16. SOCIAL SECURITY NO.	Ms. Nu	D ADDRESS	mars	ull.
I. DISEASES OR CONDITIONS DIRECTLY I	18. MEDICAL CE	RTIFICATION Je	er er		INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death					
19a. DATE OF OPERATION 19b. MAJOR F					20. AUTOPSY?
SUICIDE OF INJUI		(CITY O	R TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY	OCCUR?		
		W/ J	11		
22. I hereby certify that I attended the	deceased from	, 19.7.6, to	4.1.6, 19,	that I last s	aw the deceased
1/21 51	deceased from	1.16.			
alive on 4.2/-, 15/, and	that death occurred at (Degree or title)	9:15/m., from t		the date sta	ated above. DATE SIGNED 4- 2 3-5/

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICAT	TE OF DEATH Reg.	Dist. No. 332
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASE	
COUNTY Wicomics MARYLAND	STATE Berlin Md.	COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) Salusbury (in this place) TOWN	CITY (If outside corporate limits, write RURA OR TOWN	L and give nearest town)
HOSPITAL OR INSTITUTION OR Nutters Convalescent Home	STREET ADDRESS R L. D. (If rural, give lo	cation)
3. NAME OF (First) (Middle) DECEASED (Type or Print)	Juory A. DATE (Mo	onth) (Day) (Year)
6. GOLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Lyndowed		If under 1 year If under 24 hrs. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry 4 arm	11. BIRTHPLACE (State or foreign country) Weldow, North Carol	12. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Unknown	3.0.71
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Madelyn nutter	Jersey Rd. Salis Ma
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	7	INTERVAL BETWEEN ONSET AND DEATH
	Re a anticet tailus	21 2. 11-60
Immediate cause (a)		7101-2
/20 Antecedent cause(s) Diseases or conditions, if any, (b)	alenticheat Dise	ass 3years
93 designing rise to the above cause last (c)	neshutis	6 miss.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Herkerlension	lunks
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	4	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg, etc.)	CITY OR TOWN)	OUNTY) (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR!	uco rao
INJURY m. Work At work	PI DO T	
22. I hereby certify that I attended the deceased from	19 to Co 10 7 195, that	I last saw the deceased
alive on 1951, and that death occurred at	ADJORESS, from the causes and on the	date stated above. DATE SIGNED
Delever Sembly 11/2	Salisbury Mil	7/10/5
REMOVALI (Specify) 4-11-51 Bishopvil	le Burying ground row Berlin	Worester Co md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNGRAL BIRECTOR	ADDRESS m. J.

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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BUREAU V. S.

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2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 3 1. PLACE OF DEATH. COUN COUNTY MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and OR give nearest town) 3"/190000 TOWN TOWN STREET HOSPITAL OR INSTITUTION OR ADDRESS STREET ADDRESS (Last) (Year) (Day) 190 DEATH 6. COLOR OR RAC AGE last hirthday If under 1 year Months Days nd of work DATE OF WHAT ife, even if retired) 15. WAS DECRASED EVER IN U.S. ARMED FORCES? e war or dates of (Yes, no, or unknown) | (If yes, gi service) INTERVAL BETWEEN ONSET AND DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (b) Chours Det reputs Clave upradeto Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last Cruerus. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not 3 seus related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT Yes I No (CLTY OR TOWN) (CQUNTY) 21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, (STATE (Specify) office bidg., etc.) HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While Work At work INJURY 22. I hereby certify that I attended the deceased from _______, 19 ______, to _______, 19 ______, that I last saw the deceased nechs ADDRESS DATE SIGNED SIGNATURE

BUREAU V. S.

2411 N. Charles Street, Baltimore

1. PLACE OF DEATH- COUNTY 1. PLACE OF DEATH- COUNTY CITY (I outside corporate limite, write RURAL and LENGTH OF BTAY (in this place) CITY (I outside corporate limite, write RURAL and LENGTH OF BTAY (in this place) CITY (II outside corporate limite, write RURAL and LENGTH OF BTAY (in this place) CITY (II outside corporate limite, write RURAL and give nearest town) ON STREET ADDRESS TOWN TOWN AND OF THE COUNTY CITY (II outside corporate limite, write RURAL and give nearest town) ON STREET ADDRESS TOWN TO	CERTIFICAT	TE OF DEATH Reg. Dist. No. 332
COUNTY CITY (If outside corporate limits, write RURAL and LENGTH OF STAY TOWN We nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY TOWN We nearest town) TOWN HOSPITAL OR STREET ADDRESS SAME OF DECEASED Color OR RACE (Middle) (Last) (Last) (Last) (ADATE COLOR OR RACE (Specify) SECRET (Specify) Color OR RACE (Middle) (Last) (
CITY (It outside corporate limits, write RURAL and LENGTH OF STAY OR WIVE nearest town) HOSPITAL OR STREET ADDRESS 1. NAME OF DECKASED (Type of Print) 5. SEX 6. COLOR OR RACE (Middle) WIDOWED, DIVORCED WIDOWED, DIVORCED WIDOWED, DIVORCED OR STREET STATE (Month) 6. SEX 1. SINGLE MARRIED WIDOWED, DIVORCED WIDOWED, DIVORCED WIDOWED, DIVORCED OR STREET STATE (Month) 6. SEX 1. DIVERS 1. DIVERS 1. DIVERS 1. DIVORCED 1. SINGLE MARRIED WIDOWED, DIVORCED	COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY TOWN CONTINUES CONTINUES (IN THE RURAL CONTINUES) ROSPITAL OR FIRST COLOR OR RACE STREET ADDRESS 1. DATE OF BURNESS 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 1. DI	WICOMICO MARYLAND	Maryland Wiconico
HOSPITAL OR INSTITUTION OR STREET AUTHURS (received and provided and p	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	
STREET ADDRESS ON ME OF DECRASED DECRASED OTHER STREET ADDRESS ON A COLOR OR RACE ON OF Pinth OF DEATH OF OF DEATH OF	TOWN John Sory.	TOWN Dalisbupy-
STREET ADDRESS ON ME OF DECRASED DECRASED OTHER STREET ADDRESS ON A COLOR OR RACE ON OF Pinth OF DEATH OF OF DEATH OF	HOSPITAL OR O	ADDRESS .
DECEASED (Type of Print) (SEX 6. COLOR OR RACE 7. SINGLE, MARRIED (Specify) (Speci	STREET ADDRESS leninsula general Hospital	122 Troe Street
Type or Print) 6. SEX 6. COLOR OR RACE (Specify) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify or Color of		
10. USUAL OCCUPATION (Give kind of work done during most of working file, even if deliged) 10. Kind of Business of the control of the con	(Type or Print)	Jefferson DEATH april 17 1951
10. USUAL OCCUPATION (Give kind of work done during most of working file, even if deliged) 10. Kind of Business of the control of the con	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED	Months I Down Women Warmer Miles
dispense of working life, even if felled Industry I	Whate I colored I (Specify) Seperated	1 176 5 5 yrs. 1
14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ANABED FORCES? (Yes, no, or unknown) (Clyves, rive war or dates of service) 18. MEDICAL CERTIFICATION 19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) 10. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) 11. OTHER SIGNIFICANT CUNDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19. DATE OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, Iarm, Iactory, Street, OF OF HOMICIDE HUMICIDE NJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from More and the causes and on the date stated above.	10a, USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life even if stired) INDUSTRY	Comment
15. Was Decased Ever in U.S Arned Porces? (Yes, no, or unknown) [Illyes, give war or dates of learning of the control of the	foctous + Mill Liber none	1 11h Dernon
15. Was Decreased Ever N U.S. Arized Forces? 16. Social Security No. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (flyes, rive war or dates of service) 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. Medical Certification 1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH INTERVAL BETWEEN ONSET AND DEATH IMPROVAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH INTER	Comuel Exerson	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Lineary And Death Immediate cause (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 21. ACCIDENT SUICIDE HOMICIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from Alvertical and the death occurred at Alvert Causes and on the date stated above.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Inmediate cause (a)	service)	Ille Jefferson
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21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (OF office bidg., etc.) PLACE (Home, farm, factory, street, SUICIDE (COUNTY) (STATE) OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While at Not While at Not Work 22. I hereby certify that I attended the deceased from Atwork 2 23. ACCIDENT (Specify) (COUNTY) (COUNTY) (STATE) Will at Not While at Not While (Month) (Day) (Year) (Hour) INJURY OCCURRED (Work) (STATE) (STATE) Will at Not While (Month) (Day) (Year) (Hour) INJURY OCCURRED (Work) (STATE) (19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
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HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 1951, to 1951, to 1951, that I last saw the deceased alive on 1951, 1951, from the causes and on the date stated above.	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg, etc.)	(CQUNTY) (STATE)
22. I hereby certify that I attended the deceased from L.C., 1951, to April 1, 19.57, that I last saw the deceased alive on April 1, 19.57 and that death occurred at 9.55. p.m., from the causes and on the date stated above.	HOMICIDE	salvening Wicould Hed
22. I hereby certify that I attended the deceased from 25.7, 1951, to 25.7, 19.57, that I last saw the deceased alive on 25.7, 19.57, and that death occurred at 9.55.9 m., from the causes and on the date stated above.		HOW DID INJURY OCCUR?
alive on Afr. 17, 195 and that death occurred at 9:55 p.m., from the causes and on the date stated above.		
alive on Afr. 17, 195 and that death occurred at 9:55 p.m., from the causes and on the date stated above.	20 Floring that I attended the decreed from to be	7 1051 4 april 105/12 12 1
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	M Nortentodean lote, ML	Lelisher 100 4/17/51
23. BURIAL, CRESIATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	RURIAL CRESSATION DATE THEREOF KNAME OF CENTET	ERY OR CREMATORY LOCATION (City town or country)
REMOVAL (Specify)	REMOVAL (Specify)	
DATE REC'D BY LOCAL AUGISTRAR'S SIGNATURE 24. EUNERAL DIRECTOR ADDRESS	Rucca	
REG. 4-23-57 many Helloway Barbon Miles Deletoury	PEC	1 B la motion Andrew

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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BUREAU V. S.

2411 N. Charles Street, Baltimore

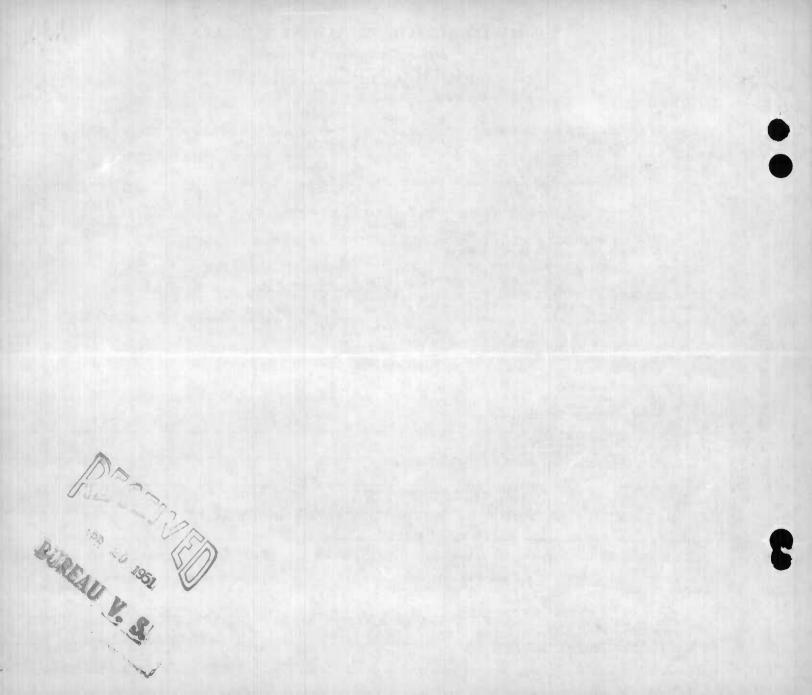
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CERTIFICAT	E OF DEATH Reg. Dist. No.	.0.02
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY / //worned MARYLAND	STATE	neset
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	
OR give nearest town). (in this place)	OR TOWN Plunius anne	
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HOSPITAL OR INSTITUTION OR STREET ADDRESS Emensula General Geometric	ADDRESS	V
3. NAME OF (First) . (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) hefles bernich	hnson DEATH Resil	18 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under	I year If under 24 hr
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10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Maryland	COUNTRY?
13. FATHER'S NAME /	14. MOTHER'S MAIDEN NAME	00/1
13. FATHER'S NAME	Hole H	
Scotter Johnson	Then some	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? M. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. ID ORMANT AND ADDRESS	
service)	Luones John	TON
18. MEDICAL CE	ERTIFICATION	THE SECOND PROPERTY.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
. DESERSES ON CONDITIONS DANGED IN THE PARTY OF THE PARTY	/	Olium Milo Damin
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INJURY m. Work At work		
4-12-	51 . 4-18 . 51	
22. I hereby certify that I attended the deceased from 4-12		
alive on 4 - 18 , 19.5 /, and that death occurred at	1/39 A m from the source and on the date of	atad above
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
SLOWALURY 1/1/2 (Segree of title)		14-14-6-1
James M. Disanar Venis	rouls Several Horo - Sur	inter Ma
28 RURIAL CREMATION DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or coun	ty) /(State)
RYMOVAL (Specify) 4-10,41 make the	otal Perusasas	/
1 Situal 7-18-01 mg /4	TRUE.	I FON AV

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. WICOMICO COUNTY STATE MARYLAND 100mico LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and OR glvo nearest town) (in this place) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET ADDRESS LRUIKW AU 5-(Middle) (Day) (Year) 3. NAME OF (First) (Last) 4. DATE (Month) DECEASED (Type or Print) -AN DEATH 1951 7 SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 6. COLOR OR RACE 9. AGE last hirthday S DATE OF BIRTH 5. SEX If under I year IIf under 24 hrs. Months ! Days Hours | Mln. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY done during most of working life, even if retired) COUNTRY? NON 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1LLIAM ENGLIS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of ENGLISL service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19h. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes IN No I 21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE INJURY INJURY OCCURRED TIME (Month) (Hour) HOW DID INJURY OCCUR? (Day) (Year) Whlle at Not Whlie INJURY Work At work 22. I hereby certify that I attended the deceased from 4-26, 1951, to 4-29, 1951, that I last saw the deceased MORESS DATE SIG 1...., 19.5.1, and that death occurred at..... (Degree or title) DATE SIGNED SIGNATURE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23 BURIAL, CREMATION REMOVAL (Specify) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL ADDRESS

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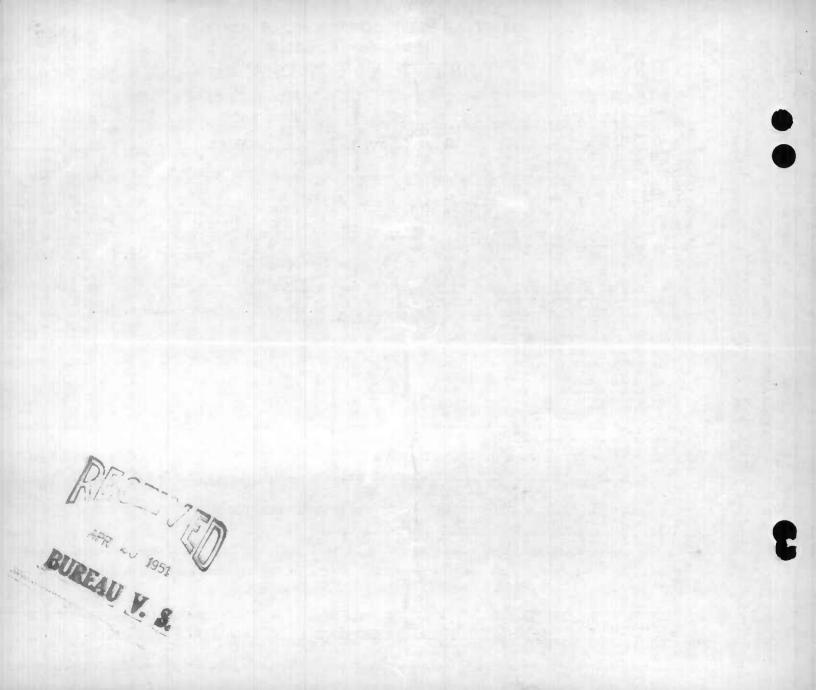
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE COUNTY Wicomico MARYLAND Wicomico Maryland LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and About 50 yrs OR give nearest town)
TOWN OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS At Home Eden Route #2 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Dav) (Year) DECEASED OF Charles Alfred (Type or Print) Joyce DEATH 1957 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last hirthday | Il under 1 year | If under 24 hrs Days Months | Hours | Mln. Male About 1886 About 65 yr. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? Dames Quarter, Somerset Co 13. FATHER'S NAME John Joyce Elizabeth Abbott 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no or unknown) (If yes, give war or dates of None Mrs. Mary E. Joyce - Allen. Md. No 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19h. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗌 № П PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY 21. ACCIDENT (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? While at Not While Work | INJURY At work 22. I hereby certify that I attended the deceased from Qct 1950, to Car 195/, that I last saw the deceased and that death occurred at.....m., from the causes and on the date stated above. alive on (Degree or title) DATE SIGNED SIGNATURE wil 17, 1951 , Md 23. BURIAL, CREMATION REMOVAL (Specify) BURIAL LOCATION (City, town, or county) DATE THEREOF Allen Cemetery Allen, Wicomico Co., 4-18-51 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

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1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED.	
MARYLAND MARYLAND	STATE COUNTY	10000
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give near	rest town)
OR give nearest town) (in this place)	OR TOWN Sellmerille	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS Runal.	1/
3. NAME OF // (First) (Middle)		> (31.)
DECEASED MALOW BASE	OF O	y) (Year)
(Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	S. LATE OF BIRTH 19. AGE last birthday If under 1 year	19-5/
WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year Months Day	Hours Min.
lemale (Specify)	14-0-0 ym.	13/16
done during most of working life, even if retired) 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) 12. CITY	TZEN OF WHAT
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13. FATHER'S NAME	14. MOTHER'S MAIDEN NAMES	
muton tartield hynch-	Han Vola Sittleton	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND BORESS	2
les, no, or unknown) (If yes, give war or dates of	Millon dynah Selbruil	4 Del
18. MEDICAL CEI	RTIFICATION	
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Diseases or conditions, if any, giving rise to the above cause	***************************************	P + + + + + + + + + + + + + + + + + + +
stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		-
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20.	AUTOPSY?
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21. ACCIDENT (Specify) PLACE (Home, farm, factory, atreet, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
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OF INJURY m. While at Not While Mat work		
22. I hereby certify that I attended the deceased from Hand	, 1951, to 4	he deceased
	. 0	
alive on 19 and that death occurred at (Degree or tive)		
SIGNATURE (Degree or title)	DA	TE SIGNED
James 111. 12 isauga Persis	mle General 4-	7-51
23. MURIAL CREMATION DATE THEIREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county)	(State)
TREMOVAL (Specify) 4/7/6/		Ma (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAD DIRECTOR AT	Dance.
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7-131 Mary Nocemay	Mrasha Walson Kelle	gulle
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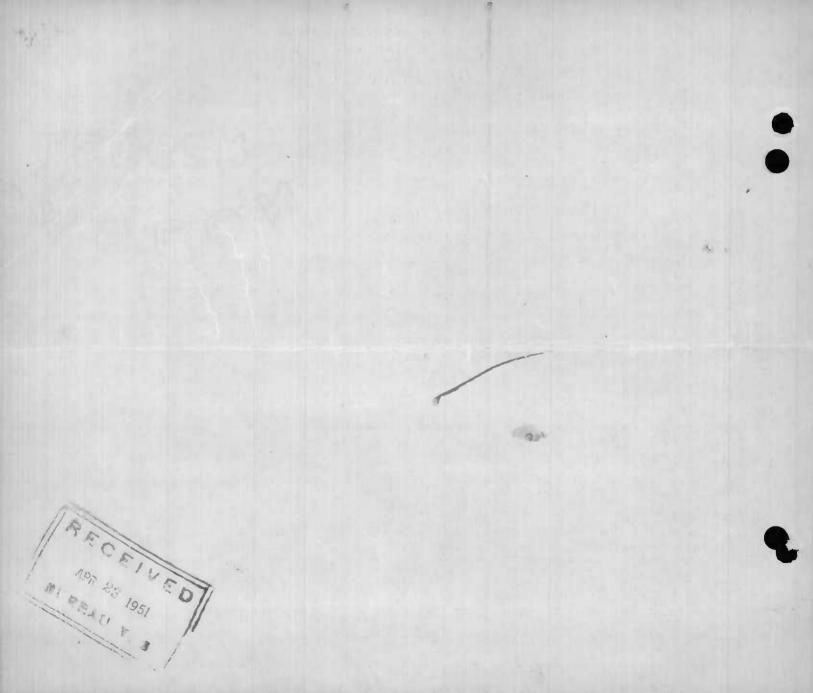
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CERTIFICATE OF DEATH

e cor	FOR MED	OICAL EXAMINERS Reg. Dist.	No. 332
. The	1. PLACE OF DEATH- COUNTY MARYLANI	2. USUAL RESIDENCE (HOME) OF DECEASED COUN	YTV
Supply every item of information carefully write the causes of death clearly and legibly.	OR give reares town) TOWN (In this pl	STAY CITY (It ourside for orate limits, write RURAL and or TOWN	d.
on cal	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS	
rmati	3. NAME OF DECEASED (Middle) (Type or Print) TSaac	Mason 4. DATE (Month) OF DEATH	(Day) (Year) 13 195/
f info	5. SEX 6. COLOR OR RACE WIDOWED DIVOR (Specify)	(e) perskoning about los. Mont	hs Days Hours Min.
tem o	10a. USUAL OCCUPATION (Give kind of work 10b, Kind of Busine during most of working life, even if retired) INDUSTRY 13. FATHER'S DAME	11. BIRTHPLACE (State or foreign country)	COUNTRY?
ry it	linkown	Unkonn	
y eve the ca	15. WAS DECRANED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unknown) (If yes, give war or dates of service)		
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Za	420 Antecedent cause(s)		1. 1
J.G.	Diseases or conditions, if any, (b)	00[0044-]400:00000-000000000000000000000000	and the same
OIN	giving rise to the above cause stating the underlying cause last		
Alphys	(c)		VIII.
WITH UNFADING nportant. Physicians:	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing desth.		
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0. T area	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office hidg., etc.) CAUSE OF DEATH.	, street, (CITY OR TOWN) (COUNT	Yes No CY) (STATE)
INLY	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY m. work at work		
WRITE PLAINLY is especially	22. I certify that I took charge of the remains described above, he obtained by said Autopsy, Inspection or Inquiry, find that sa from: natural couses , accident , suicide , homies		d from the evidence y opinion resulted
TI	SIGNATURE (Degree or title)	ide], undetermined]. ADDRESS	DATE SIGNED
	fokademoker ms)	Solusbury My	4/19/51
EASE	23. BURIAL, CREMATION DATE THEREOF NAME OF CLEMOVAL (Specify) 4/19/5/ Name of Clemoval (Specify)	EMETERY OR CREMATORY LOCATION (City, town, or co	unty) (State)

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

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1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	1
GOUNTY MARYLAND	STATE Maryland Worce	ster
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TOWN Social Social (2 days)	TOWN Stockton	
HOSPITAL OR	STREET (If rural, give location)	,
INSTITUTION OR STREET ADDRESS PARAMETER ADDRESS	ADDRESS Kura	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Roubly S.	merriot DEATH april	19 - 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	S. DATE OF BIRTH 9. AGE last birthday If under 1	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	June 17, 1890 60 yrs. Months	
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on indepturing most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
Walerman Seafood	Maryland	COUNTRY? US
13. FATHER'S NAME	14. MOPHER'S MAIDEN NAME	
Thomas Merrill	SUSAN MArshall	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. of unknown) (II yes, give war or dates of	17 INFORMANT AND ADDRESS	A 1
NO service) NONE	HICE Merritt StockTON	, NId
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	1/2	2 A
Immediate cause (a)	y / compace	days
420 Antecedent cause(s)	1. (14)	
Diseases or conditions, if any, (b)	y M weroseleroses	
giving rise to the above cause stating the underlying cause last		
(a)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	Yes No P
SUICIDE OF office bldg., etc.)	(COUNTY)	(SIAIE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	HOW DID INJURI OCCUR!	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from Hall	19 57 to 4-19- 1951 that I lost so	w the deceased
alive on 11 1, 1051, and that death occurred at	m., from the causes and on the date sta	ted above.
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
X and Delivere ON	Stalestur ON Up	19 1951
23. HURIAL CREMATION I DATE THEREOF I NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, of county	(State)
PREMOVAL (Specify) HOS 22 1951 Porter VIII		(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	4.DDBECC
REG. 4-13-157 Manual II Att Commit	THE TOTAL DIMENTY IN	ADDRESS

RINGAD 1951 VED

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

690 126

04251

1. PLACE OF DEATH-	
COUNTRY	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Wicomico MARYLAND	STATE Maryland Worker tere
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) Salis barry (in this place)	TOWN Stockton.
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Peninsula General Hospital	ADDRESS Rural
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) Stella D.	OF OF
	DEATH DEATH 19 S DATE OF BIRTH 19 AGE last hirthday If under I year If under 24 hi
Female White WIDOWED, DIVORCED, (Specify) WI do W	Apr 7, 1887 64 yrs. Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHA
designing most of working life, even if retired INDUSTRY Seafood	Maryland Country's
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
Turner F. Merritt	Sarah Jane Porter
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	Mrs Henry Hickman, Stockton, Md.
18. MEDICAL CE	
	INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAT
(instruction)	(Tellaria Sperman) + Chebran
Immediate cause (a)	Congress of the control of the contr
Antecedent cause(s)	00 1.4 01 1 124
Diseases or conditions, if any, (b) Surforce Clest	Ecystiles challe Yessen,
giving rise to the above cause	
/ 2 (e stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
I CHAPER NO THE DISCUSS OF CONDINON CAUSING DEATH.	
19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes 🗹 No 🖸
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)	Yes 🗹 No 🖸
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) NJURY	(CITY OR TOWN) (COUNTY) (STATE)
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	Yes 🗹 No 🖸
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUNTY) (STATE)
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, Iarm, factory, street, OF office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work 22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19, to, 19, that I last saw the deceased
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, Iarm, factory, street, office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork At work 22. I hereby certify that I attended the deceased from alive on	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19, to, 19, that I last saw the deceased Single from the causes and on the date stated above.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, Iarm, factory, street, OF office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work 22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR? 19, to, 19, that I last saw the deceased
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, Iarm, factory, street, office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork At work 22. I hereby certify that I attended the deceased from alive on	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19, to, 19, that I last saw the deceased Single from the causes and on the date stated above.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, Iarm, factory, street, office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While m. Work At work 22. I hereby certify that I attended the deceased from alive on	HOW DID INJURY OCCUR? DATE SIGNED ADDRESS A
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, Iarm, factory, street, office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While m. Work At work 22. I hereby certify that I attended the deceased from alive on	HOW DID INJURY OCCUR?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF OFF OFF OFF OFF OFF OFF OFF OFF OFF	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? DATE SIGNED HOW DID INJURY OCCUR?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, Iarm, factory, street, office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While m. Work At work 22. I hereby certify that I attended the deceased from alive on	HOW DID INJURY OCCUR?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While TINJURY 22. I hereby certify that I attended the deceased from At work 1 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE BUTIAL (Specify) Apr 24 1951 Portervill DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? DATE SIGNED HOW DID INJURY OCCUR?

REGET VELLEN V. S.

2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY WICKIES MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED OUNT	rie C
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give hearest town) (in this place)	CITY (If outside corporate limits, write RURAL and gr	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS. S. HOSPITAL OR INSTITUTION OR S. HOSPITAL OR	STREET ADDRESS The B. (If mail to location)	ne Home
3. NAME OF DECEASED (First) (Myidle), (Myidle), (Type or Print) and Auda Zuginia	(Last) DATE (Month) OF DEATH AVEN	(Day) (Year) 29 - 1851
Sex 6 COLOR OF RACE 7, SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE last birthday If under Months	1 year If under 24 hr. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during post of working life, even it etired) INDURY INDURY	11. PIRTHPLACE (State of foreign country)	CITHEN OF WHAT
Noch S. Riggin	14. MOTHER'S MAIDEN NAME	w
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no ar unknown) (If yes, give war of dates of service)	Cheff and Address Pars	m Home
18. MEDICAL CE	ERTIFICATION / //	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A Salety well	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	may councy	a foreigned state steel first and the a spen georgians.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	elesy delevous	
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1949., to 4 29, 195. (, that I last s	new the deceased
alive on 4/29 1957, and that death occurred at		
SIGNATURA (Degree or title)	ADDRESS MALLEL MALL	DATE SIGNED
BURIAL CREMATION DATE TREREOF NAME OF CEMETE. REMOVAL (Specify)	RY OR GREMATORY LOCATION City, jown, or con-	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24-FUNERAL DIRECTOR	DDRESS
_ 1 30 01 many w. Notlancy	1 / world to 4. Hole	My // M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

eg. Dist. No. 332

		B OI BBILLIA	Reg. Dist.	No
1. PLACE OF DEATH- COUNTY VICON		2. USUAL RESIDENCE (HOM	1922	Jomi C
CITY (If outside corporate timits, trite R OR givo nearest two)	URAL and LENGTH OF STAY (in this place)	CITY (If outside prported list OR TOWN	mita forite RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Diy Consales	STREET 10	(If rural, give location	hunch it
3. NAME OF DECEASED (Type or Print)	Middle)	Munford 4.	DATE (Month) OF DEATH April	1 25 - 15
female White	(Specity) DIVORCED,	18. DATE OF BILTH 2. A	GE last birthday If und Month	ler I year If under 24 hrs hs Days Hours Min.
done during man of working life, transit rotr	ork 10b. Kind of Husiness or Indiana.	Malesta &	gn country)	12. CITIZEN OF WHAT
FATHER'S NAME CON	mer	Mary gare	mumfor	d
Yes, no, bounknown in I yes, give war or da	tes of 16. Social Security No.	Mr. Flanne &	ardner (1	Cectar)
I. DISEASES OR CONDITIONS DIRECT	18. MEDICAL CE	Sality Sality	Thurch it	INTERVAL BETWEEN ONSET AND DEATE
H42X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but n related to the disease or condition causing				
19a. DATE OF OPERATION 19b. MAJO	R FINDINGS OF OPERATION			20. AUTOPSY?
SUICIDE	PLACE (Home, farm, factory, street, office bidg., etc.) NJURY	(CITY OR TOWN	N) (COUNT	
TIME (Month) (Day) (Year) (Hou		HOW DID INJURY OCCUR		
SIGNATURE CLESS OF THE 2X BURIAL CREMATION DATE THE	and that death occurred at	ADDRESS		stated above. DATE SIGNED 4727-37
REMOVAL (Specify) Cycle	27-51 ENU /2	24 FUNERAL DIRECTOR	Jelin 1	ADDRESS)
4-27-51 11/11	1 W. Holloway	10 money 16	· value	m //4.

BURIAL V. S.

2411 N. Charles Street, Baltimore

04254

CE	RIFICAL	E OF DEAT	H Reg. Di	st. No
L. PLACE OF DEATH: VICAMIEN	MARYLAND	2. USUAL RESIDENCE (I		DUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporation of TOWN	ite limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR PARTS Flund &	te floop.	STREET ADDRESS 20/8	8. Faye	the 84. /
3. NAME OF DECEASED (Type or Print) Offredo	(Middle)	almieri	4. DATE (Mont	il 17 1951
male white Sp	IGLE, MARRIED, OWED, DIVORCED, Decify)	June 1, 1900	50 yrs. M	under i year If under 24 hrs. If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME	KIND OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY? CONCENSARION
Paul l'almere		14. MOTHER'S MAUSEN	randa	
15. Was Decrased Ever In U.S. Armed Forces? 16. (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT AND	l Rees	ol
I. DISEASES OR CONDITIONS DIRECTLY LEADI Immediate cause (a) (b) (c) (c) (d) (d) (d) (e)		réinema	of calo	INTERVAL BETWEEN ONSET AND DEATH
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS				Щ
Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDIN	IGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Ho OF office HOMICIDE INJURY	me, farm, factory, street, bldg., etc.)	(CITY OR T	OWN) (CO	UNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJUI OF While INJURY m.	RY OCCURRED at Not While At work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the decertain alive on April 17., 19.5%, and that SIGNATURE. 23. BURIAL CREMATION DATE THEREOF REMOVAL (Specify)	death occurred at	ADDRESS Read State A		ate stated above. DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNAREG.	TURE	24. FUNERAL DIRECTO Joseph Fara	R 2013 gfre	address are

VS. A15

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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114256

OBIGIN 10	Reg. Di	st. No.
1. PLACE OF DEATH: COUNTY WICCOMPEO MARYLAND	margionis	DUNTY Kent
CITY (If outside corporate limits, write RUBAL and OR givo nearest town) Clin this pig		and give nearest town)
HOSPITAL OR INSTITUTION OR Acer's Accords the	STREET (If rural, give locat	ion)
3. NAME OF DECEASED (Middle) (Type or Print)	PLEASE 4. DATE (Month OF DEATH CANAL	4 16 195
6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORED, COLORED (Specify) LINGUIS	CED, VIII OU 1971 M	under I year onths Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) North	SS OR A1. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME William Pierce	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (II yes, give war or dates of unknown) Lervice)	No. 17. INFORMANT AND ADDRESS OSPICAL RECORD	2
18. MEDIC	CAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) - Heype 87	tie preumonia	2 day
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Carteriose	elevatio Cardio mentes de	Seas
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	is afleft sheolestrice a	ley
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERAT	TON .	20. AUTOPSY? Yes No R
21. ACCIDENT (Specify) PLACE (Home, farm, factory, OF office bldg., etc.) INJURY	street, (CITY OR TOWN) (COU	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Water		
22. I hereby certify that I attended the deceased from.	d at 953 P. m., from the causes and on the da	
REMOVAL (Specify) 2/30/5) Rick Held	EMETERY OR CREMATORY LOCATION (City, town, or	r county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS



2411 N. Charles Street, Baitimore

	CERTIFICAT	E OF DEAT	H	Reg. Dist. No	332
1. PLACE OF DEATH. Counts	MARYLAND	2. USUAL RESUDENCE (E	OME) OF DE	CEASED	omi 6
CITY (If outside corporate lights, write RURAL OR give nearest town)	and LENGTH OF STAY (in this place)	CITY (II outs de cordora OR TOWN	te libite, write	RURAL and give	ve nearest town)
HOSPITAL OR INSTITUTION OR PD#4,		STREET PLOT	# 4, "I +	give location)	
3. NAME OF DECEASED (Type or Print) William	Middle)	(Dast)	4. DATE OF DEATH	(Month)	(Day) U (Year)
Male White	SINGLE, MARRIED WIDOWED, DIVORCED, (Specify)	Tel. 14 4 189	9. AGE last birt	yrs. Months	Days Hours Min.
done drive most of working life, evon if retired)	ob. Kind of Business or	PW. # 4.	luting,	md.	CITIZEN OF WHAT
13. FATHER'S NAME Pryor		Clara 1	. 10	ryder	
15. Was Decrated Ever In U.S. Armed Forces? (Yes, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	Mu. alma	ADDRESS	O(Nily)	
	18. MEDICAL CEI	RTIFICATION 1719#4	. Il Sale	In M	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LE		./ .	025-	1	ONSET AND DEATH
Immediate cause (a)	Erchal &	secont of			5 days
331 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	Queinis '	selevior	through to the time to the tim		and -
(c)					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 19b. MAJOR FIN	DINGS OF OPERATION				20. AUTOPSY?
	(Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) IN	VJURY OCCURRED Thile at Not Wbile Work At work	HOW DID INJURY OCC	UR?		
22. I hereby certify that I attended the d	(e- 1)	1 19 Quel -	1, 19.57	that I last s	aw the deceased
alive of SIGNATURE, and the	that death occurred at (Degree or title)	ADDRESS from the	causes and or	the date st	ated above.
Jun R Man	m D.	Dobly my		7	6/5/
23 BURIAL CREMATION DATE THEREOF REMOVAL (Specify) DATE REC'D BY LOCAL FAGISTRAR'S SIG	5) Paum	Cim. Vo	all (Bit	, town, or count	na 1
DATE REC'D BY LOCAL RAGISTRAR'S SIG	GNATURE /	24. FUNEBAL DIRECTOR			ADDRESS

Supply every item of information carefully. write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

The correct age

VS. A15

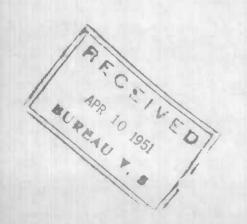


2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH- COUNTY	2. USI/AL RESIDENCE (HOME) OF DECEASED. COUNTY OF COUNTY	rae,
Wicomico MARYLAND	Wykamia	
CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits) (CITY (II outside corporate limits, write RURAL and give nearest town OR TOWN	n)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Reninsula General Aus putal	ADDRESS	V
3. NAME OF DECEASED (First) (Middle) (Type or Print) WYA DALLA	Reed, JATE (Month) (Day) OF DEATH QAL'S 57/2	(Year) 195/
5. SEX 6. COLOR OR RACE 17. SINGLE, MARRIEDA	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If und	ler 24 hrs.
Female White WIDOWED, DIVORCED, (Specify)	Way 10, 18, 18 1 /2 yrs.	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) 10b. Kind of Business or Industry 10c. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF COUNTRY	WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Reed	Libly Stubles	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL B ONSET AND	DEATH
Immediate cause (a) Corono	na of ulagres 34	uno
17//1/		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		**************************************
(e)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOR	PSY?
Viole	Yes 🗆	No 🏻
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STAT	
SUICIDE HOMICIDE OF office bidg., etc.)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
	ahilr	
22. I hereby certify that I attended the deceased from March 2		
alive on	ADDRESS DATE SIG	
Jakademsky MP S	alisbury my 4-5.	-51
REMOVAL (Specify) A 8 5 1	RY OR CREMATORY LOCATION (City, town, or county) (S	tate)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	3
REG. 4 7-31 Mary W. Holloway	Walter M. Clark	
	Chincoleague Va	



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

I. PLACE OF DEATH COUNTY 7/1) 104 MARY AND	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARILAND MARILAND	Thursday Will.
CITY (If outside corporate limin, write RURAL and LENGTH OF STAY OR give nearby 107h) (in this place)	CITY (If outsid cornerate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR Plnombulu Gen. Hogp.	STREET ADDRESS 104 Palot no St.
3. NAME OF PERSON (First) (Middle) DECEASED (Type or Print) PAHON FURMAN X	O. (Last) 4. DATE (Month) (Day) (Year) OF DEATH 4 30 195/
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during host of working life, even if retired) larger than the state	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Country)
13. FATHERS NAME G. aichurdson	14. MOTHER'S MAIDEN NAME MANAGE LLAWIN
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. of Print own) (If yes, give war or differ of larges of service)	Mrs. Marsaut & Richardson
18. MEDICAL CE	//
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Coronary	thrombosin
20.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	otic hart clisease.
stating the underlying cause last (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
april 30,1951. Diseased lousile	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Opril ?	16,051 to Gwail 30, 1051 that I lot and the
22. I hereby termy that I attended the deceased from	1951, to agrae 30, 1951, that I last saw the deceased
alive on upul 30, 19.5, and that death occurred at	
SIGNATURE (Degree or title)	Salisburg Nd. S/1/51.
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE.	MY OR OREMATORY LOCATION (City fown, or county) (State)
DATE REC'D BY LOCAL RUSTRAY'S SIGNATURE REG. 5 3-51	24. FUNERAL DIRECTOR ADDRESS
	histor C. Their 470 galle

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3 3

/		
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY ICO MICO MARYLAND	STATE MD (SCOUNTY	mico
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	
TOWN SIM ROELA SPRINGS (in this place)	TOWN MARDELA SPRINGS	
HOSPITAL OR	STREET (If rural, give location)	
INCOMPUTED OF OF	ADDRESS	,
	WEAR KIUERTON	7
3. NAME OF (First) (Middle)	O (Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print) ChARLES LEWIS	KOOT DEATH	9 195/
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Transfer	8. DATE OF BIRTH 9. AGE last hirthday If under Months	
	June 20. 18/2 /8 ym.	
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
RETIRED MACHINEST NONE	LONNECH ICUI	COUNTRY
I3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
UNKNOWN	and wally	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	MRS CHARLES ROOT	-
18. MEDICAL CE	RIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
1	Jelevis	1 France
Immediate cause (a)		
UZUI tuto codont congo(s)	7 0	
Antecedent cause(s) Diseases or conditions, if any, (b) arterio -	delives	
giving rise to the above cause		
stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		1
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m. Work At work	HE.	
22. I hereby certify that I attended the deceased from 1912	1060 to // 105/ that I lest a	bosonood was
11110	1-	
alive on	m., from the causes and on the date sta	ated above.
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
1 the True True	QP.18. 4.1	4.1.
VI. V- MURIMAN MID.	I hapen at	110/8-1
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
POMOVAL (Specify) 4/13/51 UNKNOW	UN SRISTOL	CONN
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 4/10/41 Walter & mann	Taul ON with Manh.	um rud
110/01/1/2000-1-1	i all I should harry	way forth

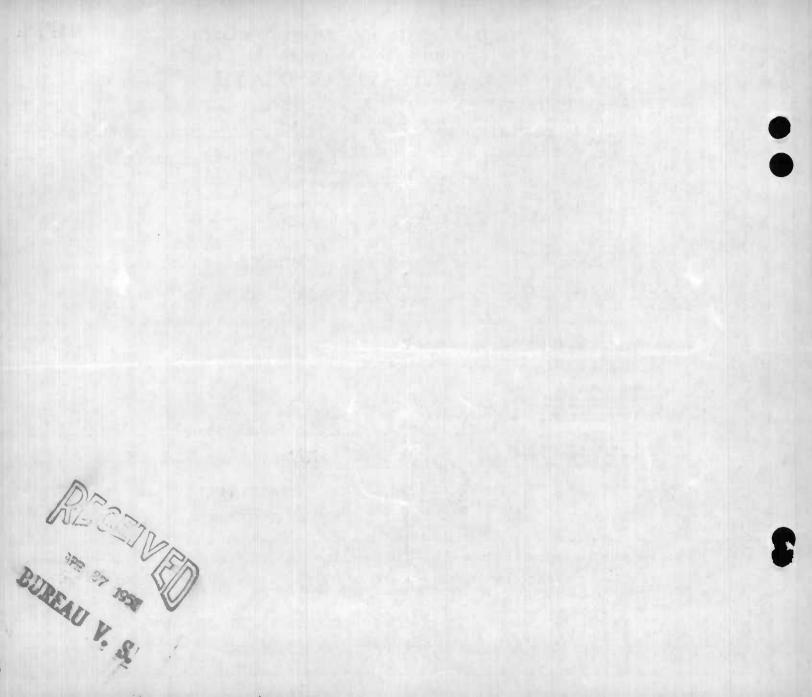


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2411 N. Charles Street, Baltimore

W 8		CERTIFICAT	TE OF DEATH	Reg. Dist. No. 332
The	1. PLACE OF DEATH- COUNTY VICONICO	MARYLAND	2. USUAL RESIDENCE (HOME) OF	COUNTY
efully.	CITY (If outside corporate limits, write RUOR give nearest town)	(in this place)	CITY (If outside Seporate limits, woods	
n car	HOSPITAL OR INSTITUTION OR STREET ADDRESS PLNINSULO		STREET ADDRESS 702 South	Parle Prive
NG of information carefully death clearly and legibly.	3. NAME OF DECEASED (First) William	Roymond.	Ruark OF DEAT	
f inforath cle	5. SEX 6 COLOR QE BACE 10a. USUAL OCCUPATION (Give kind of world)	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MAUULLE k 10b. KIND OF BUSINESS OR	lysrul 17, 1890 61	hirthday II under I year Months Days Hours Min.
	done during most of working life, even if retired leader shore loa solve 13. FATHER'S NAME	INDUSTRY Realer	11. BIRTHIPLACE State or fereign cou	12. CITIZEN OF WHAT COUNTEY? U.S. A.
0 60	15. WAS DECRASED EVER IN U.S. ARMED FORCE		Mora Hammon	-Jul
F Vt	(Yes, no, or unknown) (II yes, give war or date	18. MEDICAL CE	Mhs Raymond	Puark.
RESERVED 1 INK. Suppl	I. DISEASES OR CONDITIONS DIRECTLY	HADING TO DEATH	of of	INTERVAL BETWEEN ONEST AND DEATS
ESERVINK.	Immediate cause (a)_(Antecedent cause(s)	arcinina	1 xing	Montas
MARGIN R PLAINLY, WITH UNFADING is especially important. Physicians:	Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	Chamic Box	nchitie 1.	+.
MAR(NFAI Physi	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Chronic St	surrelone plans	les
TH U	related to the disease or condition causing des			20. AUTOPSY?
, WI	21. ACCIDENT (Specify) PL SUICIDE OF HOMICIDE IN:	ACE (Home, farm, factory, street, office bidg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
INLY	TIME (Month) (Day) (Year) (Hour) OF INJURY m,	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended to	_ / /	/	
WEATE	alive on their 31., 1957., a	and that death occurred at	ADDRESS from the causes an	d on the date stated above. DATE SIGNED
西	23. BURIAL, CREMATION DATE THERN REDOVAL ISPECTOR			City, town, of County) (State)
S. A15 (DATE REC'D BY LOCAL REGISTRAR'S	S SIGNATURE	124. FUNERAL DIRECTOR	ADDRESS Salishual M

George Q. Hill &



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 332

	Reg. Dist. No)
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Wilomus MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) / (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR	TOWN STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Penenula General (Anagetal	ADDRESS Porte 3	/
3. NAME OF (First) (Middle) DECEASED (Type or Print) / Jew D.	(Last) 4. DATE (Month) OF DEATH	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WILLIAM	8. DATE OF BIRTH 9. AGE last birthday If under Months 73 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) 12.	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	71.6)
Myron Delano	Emma Loveland	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	M al	loxe Md
18. MEDICAL CE		DRE TOTAL
	WILL JORIZON	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Levelra / Her	uorhage.	?
Immediate cause (a)		1 00-0 Mg 7 x MG 4M 2-010 0 m3-00-0-0000000000000000000000000000
Antecedent cause(s)		
Diseases or conditions, if any, (b)	33 5 5 · · · · · · · · · · · · · · · · ·	*************************************
8 3 W stating the underlying cause last		
(c)		1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the desth but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
1106	10 4-/0-5/ 10 About I look	
22. I hereby certify that I attended the deceased from 7.7.2	, 19, to, 19, that I last se	aw the deceased
./ 6 6 /		
alive on	ADDRESS from the causes and on the date sta	ated above.
SIGNATURE (Degree or title)	1 - 1	DATE SIGNED
de L. Lawry nD. Frutland	(7/1d.	4.10.51
	RY OR CREMAPORY LOCATION (City, town, or count	y) (State)
TO DEMOVAL (Consider)	lethodish Pocomoke, M.	d
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 4-13-37 March W. Hollswarf	Henry H. Watson, Pocomo	0.0

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

PLEASE WRITE

VS. Ala

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04263

1/PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
CYTY (V and a last to the DVDA) and I LENGTHY OF STRAY	Maryland Vectoris
CITY (If outside corporate limits write RURAL and LENGTH OF SZAY OR give nearest torn this place).	CITY (If outside copyrate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS 108 E. Sakellu St.	STREET ADDRESS R. H. D 4 (If rural, offe location)
3. NAME OF (First) (Middle) DECEASED (Type or Print) JULIA V.	Dhorfe44 A. DATE (Month) (Day) (Year) DEATH 4 V5 195/
5. Sex 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last firthday If under I year If under 24 hrs. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of thorothing the event retired) 10b. Kind of Business or Industry 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
13. FATHERYS NAME	14. MOTHER'S MAIDEN NAME
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, any punknown) (If ye, give war or dates of Service) Service)	17 INFORMANT AND ADDRESS AND ADDRESS
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
	ONSET AND DEATE
Immediate cause (a)	The Heart Dicare
20.0 Antecedent cause(s)	
Diseases or conditions, if any, (b)	
73 giving rise to the above cause stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20, AUTOPSY?
	Yes D No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work	HOW DID INJURY OCCUR?
2/2	1/22
22. I hereby certify that I attended the deceased from	, 1920, to 7/29, that I last saw the deceased
alive on 4 22 , 1929, and that death occurred at	ADDRESS ADDRESS
Freak No (Syamore Mich)	Englishmen Mal- W/27/21
33. BUNKL, CREMATION DATE THEREOF NAME OF CEASETE.	TO OR CREMATORY LOCATION (City town, or courty) (State)
DATE REC'D BY LOCAL KEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 4 27-51 Mary W Holloway	Ju July & phonoanto.
	W. 1. [1] A (1) . 03

MARGIN RESERVED FOR BINDING

VS. A15

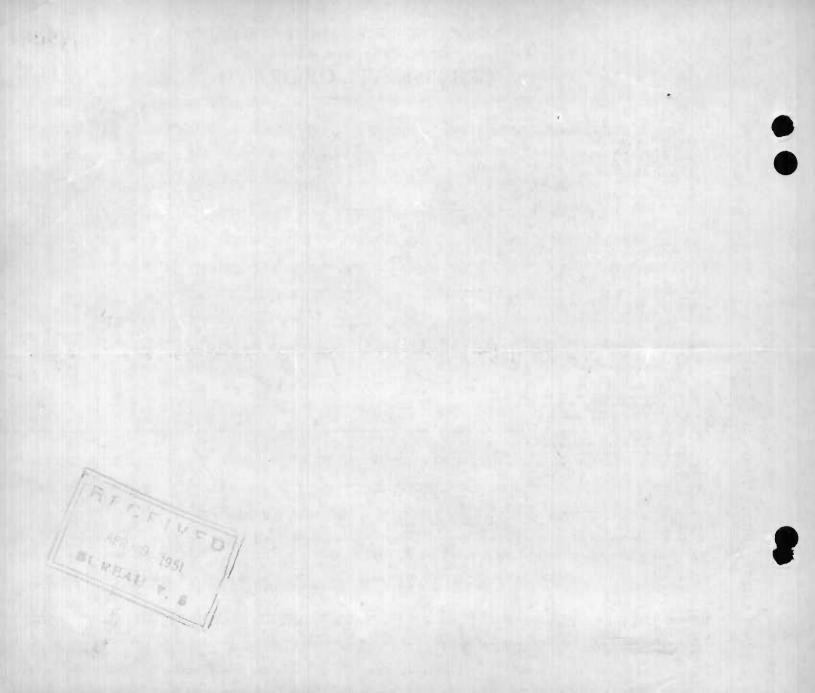
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH- COUNTY () () MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and CHY (If outside corporate limits, write RURAL and CHY (In this place) TOWN TOWN	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS françaile General Hospital	STREET ADDRESS 5 05 July hour Street
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Middle)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH CAN'L 4 195
Frale 6/COLOR OR RACE 7. SINGLE MARRIED. WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of the k 10b. Kind of Bustless or done during most of forking life, everall retired Industry	I. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
13. Flych D. Sturge Church	14. MOTHER'S MAIDEN NAMES lader
15. WAS DECRASED EVER IN U.S. ARMED FORC ! 16. SOCIAL SECURITY NO. (Yes, no, or micrown) (If yes, give war or date of service)	14. Harry R. Struger Butter
18. MEDICAL CEI	RTIFICATION 505. Pelshin king Interval Between ONSET AND DEATS
Immediate cause (a) Gerehal Henrier	choge sally med ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Briance
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from April !	., 1957, to Bruf &, 1957, that I last saw the deceased
alive on A. H, 1957, and that death occurred at	DATE SIGNED
meleau D Fray mis	Salestury 00 4/4/5/
23 RIPLIA CREMATION DATE THEREOF NAME OF CEMETER PROVIDENCE OF THE PROPERTY OF	Cern. Valyety Mel
DATE REC'D BY LOCAL DEGISTRAR'S SIGNATURE REG. 1-6-3-1 Marshull Hollsman	FUNERAL DIRECTOR C. Sality Md



2411 N. Charles Street, Baltimore

04265

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEAT	.H.		2. USUAL RESIDENCE (H	OME) OF DECEASED.	namy
Wico		MARYLAND	Maryland	COL	wicomico
OR give neares	corporate limits, write RUR t town) Salisbury	AL and LENGTH OF STAY (in this place)	Town Salisbu	ry	d give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R 108 East I	sabella Street	STREET ADDRESS 108 Ea	st Isabella 3t	
3. NAME OF DECEASED (Type or Print)	MARY (First)	(Middle) STEWART	TAYLOR	4. DATE April	(Pay) (Year)
Female	6. COLOR OR RACE White		March 4,1874	77 yrs. Mor	nder i year aths Days Hours Min.
done during show of	PATION (Give kind of work working life, even if retired)	10b. Kind of Business or INDUSTRUE WIFE	Maryland		12. CITIZEN OF WHAT COUNTRY? S.A.
13. FATHER'S NAM	R.J.Stewart		sallie A. D.		
	EVER IN U.S. ARMED FORCES (If yes, give war or dates service)		W.F.Messick	Address Salisbury,	Maryland
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH	0		INTERVAL BETWEEN ONSET AND DEATH
Immedia	te cause (a)	Genermal	Melastie	ti	Jues.
Diseases or giving rise	nt cause(s) conditions, if any, to the above cause	Oarreno	en Grot	se de grein	and Muline
46 stating the	underlying cause last		7 0000		
Conditions contrib	ICANT CONDITIONS outing to the death but not age or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No Z
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR T	OWN) (COUN	ITY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	
22. I hereby cer	tify that I attended the	e deceased from 8/29	, 1957, to 4/3	, 1937., that I la	st saw the deceased
alive on4	/3, 195./., an	d that death occurred at (Degree or title)	6	causes and on the dat	e stated above. DATE SIGNED
23. BURIAL, CREM REMOVAL (Spe	MATION DATE THERE CITY) April 7.1	OF NAME OF CEMETE		OCATION (City, town, or allen, Marykand	county) (State)
DATE REC'D BY REG. 4-//-			The Hill & John		ADDRESS

Ruse C. This

BURAL 195, SE

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

04266

/		
1. PLACE OF DEATH- COUNTY 7 1 · ·	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY.	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside converte limits, write RURAL and give	comes
OR give nearest town) & liaburn (in This Wards)	OR TOWN Salisbures	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peningulal General Hospital	STREET (15 first, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	Day) (Year)
(Type or Print) 5. SEX COLOR OR RACE 7. SINGLE, MARRIED,	Waltace DEATH 7	27 1951
Temal White WIDOWED, DIVORCED, (Specify) Widowick	Oct 24,1876 74 yrs. Months 1	
10s. USUAL OCCUPATION (Give kind of work done during most of working life feven if retired) INDUSTRY	11. Birzhelace (State or foreign country) 12.	CITIZEN OF WHAT
Lorge W. Bennum	14. MOTHER'S MAIDEN NAME PARTINO	
15. WAS DECRAFD EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	MAD. Parior	
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NTERVAL BETWEEN
Mutinia coloni	The Heart Privace	-
Immediate cause (a)-Curuo-ucuo	W Mean Comane	J yru
Antecedent cause(s)		/
Diseases or conditions, if any, (b)	***************************************	
stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
The state of the s		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NUCIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Occurrence of the control of the con	HOW DID INJURY OCCUR?	
On I havely specify that I attended the decorate of 1004	10 4 4/07 -05-1	
22. I hereby certify that I attended the deceased from 1947		
alive on 4/2/, 1967, and that death occurred at 7	150	ed above.
SIGNATURI; (Degree or title)	ADDRESS	DATE SIGNED
Agent N Warney MA-14.	Dalukuru Mal 4	128151
23/ BUNTAL, CREMATION DATE THEREOF NO 16/06 CEMETER	RA OR CREMATORY LOCATION (City, town, or county)	(State)
Twice 1/1/2/13/10/00 left	jour em. Deoloro	delaware
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	DDRESS
1 a DUI THUM NO TOWN	include of many of	sould su

George Hill H

PEGETVED 1951

The correct age

TE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. NIARGIN RESERVED FOR BINDING

PLEASE WAI

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04267

eg. Dist. No. 332

				140	S. Dist. 1.v	
1. PLACE OF DEAT			2. USUAL RESIDENCE	HOME) OF DECEA	SED.	
117	comico	MARYLAND	Mary		COUNTY	Treowitt, O
OR give nearest	orporate limits, write RUR,	AL and LENGTH OF STAY (in this place)	CITY (If outside corpo OR		RAL and give r	nearest town)
TOWN	il isbury	Tile	TOWN DELLE	bury		
HOSPITAL OR INSTITUTION O	R		STREET ADDRESS	(If rural, give		
STREET ADDRE	ss Peninsula	a General Hospi	.est	t Over Dri	Ive	
3. NAME OF	(First)	(Middie)	(Last)		(Month) ((Day) (Year)
DECEASED (Type or Print)	George	Anthony	Waller	OF DEATH	1	7 195
.5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthda	ay If under y	year If under 24 hi
Male	Colored	WIDOWED, DIVORCED, (Specify)	9/26/42	8 yr	Months D	Days Hours Mir
10a. USUAL OCCUP	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State			CITIZEN OF WHA
done during most of v	working life, even if retired)	INDUSTRY	Wetipqui	n	Co	DUNTRY?
13. FATHER'S NAM	IE	110110	14. MOTHER'S MAIDE	NAME	-	108
Everett	Waller		Ethel'	Taylor		
IS. WAS DECRASED E	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND			
(Yes. no, or unknown)	(If yes, give war or dates of service)	None		Waller:	tol tohu	myr 353
	act vice)	18. MEDICAL CE		Warren, 1) C	1 1 1 1 1 1 1 1
1 DISEASES OF CO	NIDITIONS DIDECTLY		WIII ICATION			INTERVAL BETWEE
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND DEAT
Immediat	0.001100 (8)	Intra-abdomin	al hemorrhage	from rur	tured !	25 min.
m . a . a	c cause (=/			Tenescosto-Plos hafridatebas artic. Lafig	Calmin Anthropina danta danta a	Ja 00 00 00 00 0000
	nt cause(s)	liver				
giving rise to	conditions, if any, (b) o the above cause	000000000000000000000000000000000000000	***************************************		***************	************
170c stating the u	inderlying cause last					
	(r)				1	
Conditions contribu	CANT CONDITIONS					
related to the disea	se or condition causing deat					
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION				20. AUTOPSY?
Add and		100 Apr				Yes No [
21. EXTERNAL CA	USE WAS PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN)	(COUNTY)	(STATE)
PRIMARY OR CO	H. INJU	office hidg., etc.)	Salist	oury Wi	icomico	Md.
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OF	CCUR?		
INJURY 4	7 51 m.	While at Not while work at work	Truck ran	l over his	body	
22. I certify that I	took charge of the rema	ins described above, held an A	lutopsy , Inspection	, Inquiry 🖾 th	ereon and fro	om the evidence
obtained by sar	d Autopsy, Inspection of	r Inquiry, find that said dece J. suicide , homicide ,	ased died on the day stat	ed above, and dea	th in my op	pinion resulted
SIGNATURE	causes, accident	(Degree or title)	ADDRESS			DATE SIGNED
D- D	1		Sali	sbur . Ma	aryland	Direct Stories
Justan	my De	puty medical E	xaminer: 502	N. Divisi	on St.	4/70/5
23. BURIAL, CREM	ATION DATE THERE			LOCATION (City, &	own, or county)	(State)
REMOVAL (Spec	1(y) 4- //- <	1 Conwect		1. 11	occin	my
DATE REC'D BY	LOCAL REGISTRAR'S		24. FUNERAL DIRECT			ADDRESS
REG. 4-11-	51 Maryl	1. 2/11/	1 Sarpon	no 1006/1		
	- Ways	J. Vo co may	- Con Con	11/047/		^
				/ Jol	10/10/2000	7192
				- u	000	200



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	OBITITION I	DOI DEMIII	Reg. Dist. No.
1. PLACE OF DEATH COUNTY	MARYLAND	2. USUAL RESIDENCY (HOME) OF	Niemic
CITY (If our de corp the limits, wri OR give merest toyn) TOWN	te RURAL and LENGTH OF STAY (in this place)	OR TOWN	rite RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	My Newing Ho	STREET (If r	ural, give location)
3. NAME OF DECEASED (Type or Print)	Middle)	Value 4. DATE OF DEAT	0 - 1 00 0
Simale White	(Specity) DIVORCED,	8. DATE OF BIRTH 9. AGE las	
done during set of working life even if	of fork 10b. Kipb or Business or leaded Industrial	11. BIRTHPLACE (State or foreign con	
13. FATHUR'S NAME Quint	in Brittinglan	14. MOTHER'S MAIDEN NAME	y Dritt
(Yes, ng. Unknown) (If yes, give war of service)	FORCES? 16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS	Bittinham
I. DISEASES OR CONDITIONS DIRE	18. MEDICAL CE	RTIFICATION Puttinelle M	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	une coma	Lago
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	(b) Fy fulinin Con	die Presentes Dos	ream 5. gm
13 a stating the underlying cause last	(c) Ehm	me mellenten	lus:
11. OTHER SIGNIFICANT CONDITION Conditions contributing to the death by related to the disease or condition cause.	at not		P
19a. DATE OF OPERATION 19b. M.	AJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) SUICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
HOMICIDE TIME (Month) (Day) (Year) (I OF INJURY	Hour) INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attend	10.	1951 to AB 22 195	./, that I last saw the deceased
16 22	/, and that death occurred at	ADDRESS no, from the causes an	
23 BURIAL OREMATION DATE T	rela	/ Kilmas	/ Mil Copy 23 151
REMOVAL (Specify)	125-51. Filler	the loon fill	(City, town of county) (State)
DATE REC'D BY LOCAL RIGIST	rar's signature	24 FUNERAL DIRECTOR	Salitury Md

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

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CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

240636

I. PLACE OF DEATI			2. USUAL RESIDENCE (H	OME) OF DE	CEASED.	
COUNTY Wic	omico	MARYLAND	STATE Marvl	end	COUNTY	Wicomico
CITY (If outside co	proprate limits, write RURAL	Land LENGTH OF STAY	CITY (If outside corpora		RURAL and giv	re nearest town)
OR give nearest TOWN	town	5 days	OR TOWN Salis	sburv		
HOSPITAL OR		10 00,0	CTDEET		give location)	
INSTITUTION OF	Paningula	General Hospit	ADDDECC	_ ` `		
STREET ADDRES						
3. NAME OF DECEASED	(First)	(Middlo)	(Last)	4. DATE	(Month)	(Day) (Year)
(Type or Print)	John	117	White	DEATH	4	190
S. SEX		7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last bir	thday If under Months	1 year If under 24 hr
Male	White	WIDOWED, DIVORCED, (Specify) Married	8/5/1875	75	yrs.	Days Hours Min
Oa. USUAL OCCUPA	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State o	r foreign country	r) 12	2. CITIZEN OF WHA
	orking life, even if retired)	Grocery Store	Dames Qua:	rter. M	3	COUNTRY? USA
Relifed m	R	GIOCGIA DOOLG	14. MOTHER'S MAIDEN		~ ·	
	er White		Frances			
	ER IN U.S. ARMED FORCES?	1 16. SOCIAL SECURITY NO.	17. INFORMANT AND A	~		
Yes, no, or unknown)	(If yes, give war or dates of		Mrs. Miria		sta. Ca	Tichumur 35
No	service)	None			ree, 5%	risoury,
		18. MEDICAL CE	RTIFICATION 725	· Park	Drive	INTERVAL BETWEE
DISEASES OR CO	NDITIONS DIRECTLY L	EADING TO DEATH				ONSET AND DEAT
			7 - 7 1 - 1			E 3
Immediate	cause (a)	Fractured skul	l and orain	injury		5 days
100.0 Antonodor	4(-)					
Discourse on a	t cause(s)					
7600 giving rise to	the above cause	00000000000000000000000000000000000000				
stating the u	nderlying cause last					
4 4 4 2 3 3 4 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	(c)					1/
	CANT CONDITIONS ting to the death but not					
related to the diseas	e or condition causing death.					
9a. DATE OF OPE	RATION 19b. MAJOR FI	NDINGS OF OPERATION				20. AUTOPSY7
						Yes No
21. EXTERNAL CA		E (Home, farm, factory, street,	(CITY OR 7	OWN)	(COUNTY)	
PRIMARY TOR CO		office bldg., etc.)	Salishu	ту	Wicomie	co Md.
		INJURY OCCURRED	HOW DID INJURY OC	CUR?		
OF A	6 57	While at Not while			stairs	
INJURY 4	O O I m. I	work at work	TOTT MOVEL	COLLAI	200120	
2 I cortifu that I	took charge of the remain	ns described above, held an A	utansu Inspection I	Inquiry X	thereon and	from the evidence
obtained by sai	d Autonsy. Inspection or	Inquiry, find that said decc	ased died on the dry state	d above, and	death in my	oninion resulted
from: natural	causes accident 3	suicide , homicide ,	undetermined .			
SIGNATURE	2	(Degree or title)	ADDDECC	. Divis	ton St	DATE SIGNED
last a D.	- Head Dan	the Modical Tre				4/11/51
moun		ty Medical Exa			aryland	
23. BURLAL CREM. REMOVAL (Spec	ATION DATE THEREO	E I NAME OR CEMETE	RY OR CREMATORY I	CATION (Cit	w. town? or coun	ty) (State)
trust the trust table		Za in a constitution	aller land		. 1//	- (Sugar
Luudi	(april 121	1 Batts mz	thousa 4	noull	ll	my
DATE REC'D BY	(2) april 121	1 Batts mz	24. YUNERAL DIRECTO	noull	ll	// ADDRESS



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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS. A15A

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CERTIFICATE OF DEATH FOR MEDICAL EVAMINEDS

1. PLACE OF DEATH- COUNTY Wicomico MARYLAND 2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY Thdiana	
OR give nearest town) TOWN Powellvile CITY (It outside corporate limits, write RURAL and give near OR TOWN Carrett.	rest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural, give location) ADDRESS	V
3. NAME OF (First) (Middle) (Last) 4. DATE (Montb) (Day OF 4.1	y) (Year)
(Type or Print) Percy Elsworth Widner DEATH 7- 25	5 1951
(Specify) S1ng16 1/3/1900 51 vrs.	Hours Min.
done during most of working life, even if retired LINDUSTRY III Indiana (Sarret USA	
13. FATHER'S NAME	
John Widner Nora Flannery	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. 17. INFORMANT AND ADDRESS TO LITER, RAY WID (Yes, no. of unknown) (If yes, glye war or dates of	
Yes service W. W. I all 18. MEDICAL CERTIFICATION	na
Immediate cause (a) Local Photos Immediate cause (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	BRVAL BETWEEN SET AND DEATH
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20.	AUTOPSY1
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY OR CONTRIBUTING OF office bldg., etc.) (CITY OR TOWN) (COUNTY)	(STATE)
CAUSE OF DEATH. INJURY INJURY OCCURRED HOW DID INJURY OCCUR? OF While at Work at work	
	the evidence ion resulted
BURIAL CREMATION DATE THESEOF NAME OF CEMENERY OR CHEMATORY PLOCATION City, town, or county)	/26/51 (State)

2411 N. Charles Street, Baltimore

CEDTIFICATE OF DEATH

	CERTIFICAT	E OF DEATH	Reg. Dist. No.	
1. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME) OF		
COUNTY Wicomico	MARYLAND	STATE Maryland	Worceste	
CITY (If outside corporate limits, write RUR OR give nearest town) TOWN		CITY (If outside corporate limits, OR TOWN Snow #/:	write RURAL and give	e nearest town)
HOSPITAL OR INSTITUTION OR O. A.	eral Hospital	STREET . (III	rural, give location) we due	V
3. NAME OF DECEASED (Type or Print)		(Last) 4. DAT OF DEA	0	(Day) (Year) 2 3 195
5. SEX 6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE IN	st birthday If under 1 Months	Days If under 24 hr Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign co		CITIZEN OF WHAT
13. FATHER'S NAME	whit	14. MOTHER'S MAIDEN NAME	M12-	
15. Was Decrased Ever In U.S. Armed Forces (Yes, no. ovunknown) (If yes, give war or dated) service)	of 16. Social Security No.	13. INFORMANT AND ADDRESS	Spring H	ill mil
7.6	18. MEDICAL CE	BTIFICATION		- / /
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		Prem ati		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat				
19a. DATE OF OPERATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
				Yes No No
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the alive on A 123, 1951, and SIGNATURE Zolul M MC	d that death occurred at (Degree or title)	ADDRESS 302 W. Dunion	nd on the date sta	DATE SIGNED 4-24-5
DATE REC'D BY LOCAL BEGISTRAR'S	407 64460	24. FUNERAL DIRECTOR	(City, town/or county	ADDRESS
REG4-24-37 Marls	W. Hollowy	Allen Ginan	med Luca	16/12/16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly-MARGIN RESERVED FOR BINDING

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